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## ORIGINAL ARTICLES.

### THE TREATMENT OF HEMORRHOIDS.

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In the treatment of hemorrhoids the palliative, injection, ligature and clamp and cautery methods are most important, and of these my choice is decidedly the clamp and cautery.

Palliative treatment is never to be used in a well established case of hemorrhoids when the patient's consent to a radical operation can be obtained, unless there are grave reasons why an operation should not be performed, such as serious heart lesions, advanced phthisis, etc. In acute hemorrhoidal disease, medicinal treatment sometimes allows nature an opportunity to heal her own ills. In such a case the bowels should be kept open, the patient should abstain from animal food, stimulants and tobacco. He should take a full enema before going to stool and after the bowels have been emptied he should bathe the parts thoroughly in cold water.

After reducing the piles, a suppository of subsulphate of iron or an ointment of the same should be introduced into the rectum; cocain or belladonna may be combined with this if there is much pain. Carbolic or nitric acid may be applied to bleeding points, taking care not to touch the healthy surface with it. Ice may be used as a suppository when there is much inflammation. Whatever complication exists, such as a torpid liver, stricture of rectum or urethra, vesical calculus, enlarged prostate ecchymosis,

etc., must receive proper treatment, or the treatment will result in failure.

Treatment by injection is not so reliable as either ligature or clamp and cautery operations, but occasionally cases are met with in which it is necessary to use it because of an absolute refusal of the patient to submit to more thorough methods. The substance injected carbolic acid, nitric acid, fluid extract ergot, infusion oak bark, kino, or any other of the host of remedies advocated for this form of treatment, should be thrown into the center of the tumor, not under it. Ulceration and abscess are very prone to follow in this method of treatment, and relapse almost sure to occur. Cure, if cure results, is slower in being attained, only one pile being injected at a time. It is impossible to determine the amount of sloughing that will follow and this leaves an open sore for the ingress of microbes. The operation is unreliable, and attended with danger. It is the ideal operation of advertising charlatans and should receive no encouragement from the regular profession.

Before any radical operation by ligature the bowels should be well emptied; the diet should have been light for the preceding 24 hours and the patient should be profoundly under the influence of an anesthetic. I use the dorsal position with legs well drawn up by Kelly's leg

holders or by a sheet passed under them at the knee joint, then around the neck and the corners tied together. This arrangement keeps the field of operation well under the surgeon's control. Next introduce the thumbs, back to back, into the rectum and distend the sphincter until there is no resistance. Wash out the rectum with a large stream of water, take hold of the tumor with a forceps and draw it well down and make an incision at its base at the junction of the mucous membrane and skin. Dissect well up above the tumor. The blood vessels enter from above and we need not be afraid of cutting them if we keep close to the muscular coat of the bowel. After the tumor is raised well out of its bed, draw the pile well down and tie as high up on the pedicle as possible. Cut off the bulk of the tumor being careful to leave sufficient stump to prevent slipping of the ligature. The smaller piles should be removed first. After cutting the ligatures short return the pedicles. An opium and belladonna suppository may be introduced to allay pain. The bowels should be moved by injection the third or fourth day. Keep the patient quiet for a week or ten days.

The instruments necessary in clamp and cautery method are few. A good thermo-cautery apparatus, a Kelsey or Smith pile clamp, a double tenaculum and a pair of scissors are all that are needed. Have the bowels well emptied the day preceding the operation, anaesthetize the patient thoroughly, distend the sphincter thoroughly and wash out the bowel. Take up one tumor at a time with the tenaculum and make an incision with scissors at the junction of the skin and mucous membrane; put on the clamp and screw it well down, cut off the top of the tumor and apply the cautery at a dull red heat slowly to the entire surface of the tumor, being careful to thoroughly burn every part of the stump well down to the clamp. Carefully loose the clamp and remove it, following the stump through the blades with the cautery.

If the tumors are small it is not necessary to cut off the top but burn it down with the cautery. If the tumor is too large to be grasped by the forceps, split it in two in the line of the bowel and treat each half as a separate tumor. Be

careful not to take up the healthy mucous membrane between the separate piles and there will surely be no contraction of the anus. Open the bowels with a saline the second day, using an enema when the desire to stool is felt. The patient may be up on the third day but should keep his bed for a week. If there is pain or tenesmus after the operation, introduce an opium and belladonna suppository. But if the sphincter is thoroughly distended and you do not touch the cutaneous surface with the cautery there will be but little pain following. The stump must be carefully returned into the bowel.

I prefer the clamp and cautery over all other operations, and the ligature as the next best operation, because:

First. In the operation with the ligature you tie up the most sensitive of all nerve ends and there is sure, but intense pain, which will be kept up until the stump sloughs and the ligature comes off. In the cautery operation the nerve end is simply cut away and cauterized and there is nothing left for it to do but cicatrize and it is left in the very best possible condition for this.

Second. The ligature may slip off and secondary hemorrhage occur; after the clamp and cautery operation there is no danger of secondary hemorrhage. If hemorrhage occur it occurs immediately and the operator can only blame himself for it.

Third. There is no danger of a recurrence. Kelsey, of New York, and Smith, of London who have a large experience with this operation support me in this statement. It will be admitted that recurrences do follow the ligature operation.

Fourth. Convalescence is much more quickly completed for the reason that it begins at once under the eschar produced by the cautery and would be completed by the time the ligature comes away should the two operations be used on separate tumors in the same case.

Fifth. The mortality following the clamp and cautery operation is practically nil.

Sixth. The clamp and cautery operation requires less after care from the operation.

Seventh. There are no unpleasant sequelae.

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## HEREDITY.\*

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*Magnum Hereditatis Mysterium.*

The subject of heredity is of especial interest to the physician, not only because he belongs to the genus homo for nearly all of whom any mystery has a fascination, but also because by reason of his profession he has the best facilities for inquiry. Indeed, so close is his daily life to this subject, that without going a step out of his way his attention is frequently called to it. He may be an extremist or a fatalist, and believe that man has no real individuality, but that what we term individuality is simply "the sum of our ancestors." Or he may be of that matter-of-fact disposition that scorns all mystery, dispensing with theories with a condescending smile and wave of the hand, and regarding only that which he understands as worthy of consideration and belief. According to the old proverb, "Truth is found in the middle way." And we cannot expect much from either of these attitudes.

We acknowledge heredity to be a fact. We know what it is,—we say, like begets like. The child resembles its parents. it conforms to the type of its species. Nature demands that the offspring shall resemble the species to which the parents belong and we see this in the vegetable as well as in the animal kingdom. The mystery is, how is it accomplished? How shall we account for the transmission from parent to offspring of certain qualities?

From time immemorial vague ideas floated about and peculiarities of heredity were told and retold, but only of late years have the vague hypothesis to which this idea has given rise assumed definite shape and form. The introduction of the microscope and the doctrine of evolution gave to the idea of heredity a scientific foundation that was previously wanting. Gradually the views entertained

became less hazy and assumed more and more of definite character, until the various hypotheses were welded by Darwin into a definite theory, although even he labeled his conclusions, a "provisional speculation" only. Yet at the same time he has done more for the subject than any other investigator.

It is not difficult to understand Darwin's explanation of heredity. Starting with the fact that an animal's body is essentially built up of multitudes of living cells aggregated to form its tissues and organs, he assumed that from these cells at large minute particles (which he called gemmules), are perpetually given off. The gemmules, like their parent cells, are capable of self reproduction and development, but, the special fate which awaits these particles is their collection and aggregation in the reproductive organs of the form to which they belong. Each gemmule was assumed by him to be a representative of the cell or cells which gave it origin, so that in the egg producing organs in which the gemmules are at last collected there was really contained a kind of microcosm of the body. It was an easy step, from this thought to another which held that the egg or germ was therefore to be regarded as composed of gemmules derived from every part of the parent body.

When this egg developed into a new being, it was not surprising that the young animal should reproduce the likeness, traits, and tendencies of the parents, seeing that the egg was merely a replica in miniature of every part of the parent system. Supposing further, that in each egg or colloction of gemmules some failed to develop or to take any active part in producing the young animal, then said Darwin, such latent gemmules, transmitted with the rest and waking up at a future period, would reproduce the features of the special parent stock from

\* Read by title before the Delaware State Medical Society, June 8, 1897.



which they were derived. If, it happened that meanwhile through influence of environment or any other cause any variation of the race had occurred, these latent particles would develop differently from their neighbors and hence would arise the "throwbacks" or reversions to a former type, which are common enough in both animals and plants. Darwin's theory can briefly be described as a continuation of his doctrine of the survival of the fittest in combination with the doctrine of evolution.

An interesting question that naturally arises here is whether a single cell can contain within its minute body beside its germ that will develop into a complete animal with all the ordinary qualities of its race, these factors or gemmules which perpetuate the peculiarities of heredity. Dr. Beale, in his paper entitled "Disease Germs," which was written to show the results of his investigation of the cattle plague, describes what he calls the "minute contagious bioplast," as being less than one one-hundred-thousandth of an inch in diameter and which he regards as living matter derived by direct descent from living matter. And Dr. Sanderson, in another such report, declares that the contagium particles are less than one twenty-thousandths of an inch in diameter. Darwin evidently anticipated this question as to the possibilities of the germ or egg and answers it. He said, that a cube of water the sides of which might be estimated at one ten-thousandth of an inch in length would contain molecules or atoms to the number of one hundred billions and possibly more. Sir William Thomson's views regarding the size of molecules confirms this estimate. And this gives scope to the thought that the tendencies of heredity may be included in the egg or germ.

To Francis Galton belongs the credit for the theory that the sum total of the germs or gemmules which might be regarded as composing the egg might conveniently be named a *stirp* or root. Furthermore this stirp, said Galton, might be regarded as consisting of two distinct elements. One of these elements is charged with reproducing the body of the future animal, while the other, remaining latent in that body and taking no part in building it, might be regarded as

giving rise to the elements from which the eggs and through them new generations would be produced. The former, which he called "body cells," multiply to develop the individual body, while the latter, which he called "germ cells," (which form a kind of reserve fund) are charged with the work of reproducing the race. But Galton goes on to claim that the body cells cannot influence the germ cells neither can the latter influence the former, which forms an important point of present day controversy.

A more recent authority takes up Galton's theory and elaborates it and declares that heredity acts only by propagating the natural features of the race and that there can be no transmission to the offspring of acquired or accidental characters impressed upon the parent form. This is the declaration of the celebrated Dr. Weismann.

Lamarck, who agreed that the body cells and germ cells were separate and distinct germs, takes a directly opposite view. He argues that they have the power at times of mutually influencing each other, and that an individual could influence its own germ material and thus hand down its own special peculiarities to its immediate descendants. Not only Weismann but many other writers have dealt severely with Lamarck, rejecting his theory completely, although they must see in modern evolution factors and powers that can only be explained by the lines of thought that Lamarck's theory suggests.

Let us look further into these theories and compare them with what we see in every day life.

Dr. Kendrick, of Mississippi, recently relates a case in which a colored girl, while pregnant became very angry with an old colored woman who had paralysis (wrist drop) of the left hand, and who also limped badly from an injury to the left leg. The pregnant girl would imitate the walk of the old cripple for the amusement of others. In due time a female child was born possessing a deformed left hand and the left leg smaller than the right. It lived to be grown and died of phthisis. It had wrist drop and always walked exactly like the old woman whom the mother ridiculed. The mother was, is now and always has been healthy, and has given birth to four other child-



ren, all of whom are healthy. This, Dr. Weisman terms a "congenital accident." Granted, but in the case of a man who has six fingers on one hand and six toes on one foot and whose children and grand-children are similarly deformed, is it not a congenital accident that is inherited? Have not the germ cells been affected by the body cells?

A gentleman in India bred an Arabian mare to a species of zebra and the colt was marked with the stripes and several other characteristics of the zebra. Afterwards the mare was bred to a thoroughbred Arabian horse and to the dismay of the owner the markings of the zebra were again prominent. Any intelligent farmer will tell you that if a mare is once bred to a donkey, she will always be the mother of mules. Again, it is not a very unusual thing for one of the children of a woman by her second husband to possess a remarkable resemblance in some respect to the first husband. It may be a lift of the eyebrow, in the color and expression of the eye, in the teeth or a peculiar note in the laugh—whatever it may be we see it, we recognize it and however much of late days the theory of Darwin has passed into the back-ground of scientific thought how else shall we account for these inheritances except through Darwin's assumption that from all parts of the living body, living gemmules are being thrown off which are aggregated in the reproductive organs. May it not be possible that in a former civilization, ages ago, in a time of which we have no knowledge, this was known to be a fact and hence the reason why

society, while it is lenient to man, demands purity in woman.

Criminologists cannot claim that the workhouse is a complete success, indeed it is generally conceded that a criminal is a worse foe to society when he comes out of the prison than he was when he entered it. And it is quite possible, that in the Twentieth Century, when we have learned more of heredity, the civil authorities will seriously consider the question shall criminals be unsexed? This measure will be considered, both as punishment for crime committed and as a preventive from the perpetuation of what is vicious and dangerous to society through inheritance.

As "Professor Teufelsdröckh of Weissnichtwo," would say, here the bewildered physician stands shouting question after question into the sibyl's cave of heredity. Nature is ever answering, but alas her replies are seldom direct and often untranslatable, yet they are always more than an echo. We have the pillar of cloud by day and the pillar of fire by night—the one a haze, the other a mere glimmer, but there is no grim desert to investigate in heredity. Its careful study does not require midnight oil in the laboratory nor costly apparatus. Nature unrolls the script before us and we can work at the interpretations while on the street or waiting in the lying-in room, avoiding a too free translation, guarding against mistaking a glow in the West for the glimmer in the North.

The writer wishes to acknowledge his indebtedness to the writings of Dr. Andrew Wilson.

#### CHANGE OF AIR.

For centuries it has been known that change of air is one of the most valuable therapeutic agents, useful not only for the actual cure of certain diseases, such as phthisis, asthma, intermittent fever, whooping cough and hay fever, but also for the promotion of convalescence from an exhausting illness. Much ingenuity has been exercised in explaining how this change of air operates for good, but a really satisfactory way of accounting for all of the phenomena involved is still lacking.

Medical men are undoubtedly easily satisfied when it comes to the matter of furnishing explanations for things, and are seldom inclined to insist upon too rigid an application of logical tests; for in dealing with diseases and their remedies they come into contact with so much more of the unknown than the known, that, not being philosophically inclined, they become accustomed to accepting facts without insisting upon accompanying explanations. —*Northwestern Lancet.*

## ANOMALIES OF THE UMBILICAL CORD.

W. S. SCOTT, M.D., DICKSON, TENN.

A normal umbilical cord is composed of the umbilical vein and arteries, surrounded by a gelatinous substance and from 18 to 21 inches in length, and from four to six lines in diameter. Some claim (Chantrenil) to have found it 74 inches long. Sometimes it is artificially short from exaggerated torsion, or from amniotic inflammation, gluing it together and by attachment to the fetal skin or to the amnion.

Case 1. Mrs. C., primipara, age 21, found to be near the close of the first stage of labor, vertex presenting. She was in reasonably good health, large roomy pelvis, pains regular, uterine contraction satisfactory. Although the perineum was rigid and unyielding, the os was well dilated. She stated that she was apprehensive that something was wrong, as she had been shocked by lightning some four months before, and that the movements of the child had been weak, and some days it did not move at all, and when it did move very much it felt as if it was pulling her. At the expiration of an hour the pains began to fail, and another examination showed but little progress.

By repeated pressure on the perineum with my fingers, it became relaxed. Passing my hand into the uterine cavity, and finding no obstruction I grasped the head of the child, bringing it as far down in the pelvis as I could, causing severe pain accompanied with a gush of blood, followed by firm uterine contractions. In a few minutes the head passed out, when all advance stopped. Making compression on the mass above the pubis with my left hand, grasping the head with my right, making traction on the same, I terminated labor in a few seconds, the placenta being delivered at the same time.

I had been unable to detect any vitality of the child in utero, and an examination of it showed that it had been dead for several hours. It was very anemic and poor, though of unusual length, and with ordinary dress weighed 12 pounds. The cord was only six inches long and about

the size of a lead pencil. There was no adhesion or torsion to cause its abnormality. The placenta was normal though small. Was the condition of the child due to the size of the placenta or to the size and length of the cord, interfering with its movements in utero? Or was it due to the shock received by its mother? What was the cause of the child's death?

Case 2. Mrs. Smith, age 16, primipara, physical condition good. On arrival I found the head of the child in the pelvic floor and it was only a few minutes until the child and placenta were both expelled. Patient rested quiet for half an hour, though uterus was large and hard. Pains returned and on examination found a large uterine mass, apparently to the right side. I introduced my hand into the uterus and found on the right side what I recognized as another cavity containing the mass. I felt distinctly a septum, extending from the internal os up about two-thirds through the body of the uterus. I grasped the mass in my hand, lifted it up over the septum, causing severe pain and hemorrhage with firm contraction, when my hand and the mass was expelled. Uterus contracted, pains ceased, and on examination I found another child enveloped in the placenta. The first child weighed four pounds, while the last one weighed one and one-fourth pounds and lived thirty-one hours. Placenta of the first child was normal; the last one would have weighed less than eight ounces. Cord only ten inches long and not larger than an ordinary pen staff.

Case 3. G. A., colored, age 15, primipara. On arrival I found the child delivered and cord ligated and cut by her mother, but on account of its size left it some six inches long, stating she did not know what it was besides the cord, it being two and one-fourth inches in diameter and near 30 inches long. She thought it might be a part of the bowels. The size was due to the excessive amount of gelatin, there being nothing more abnormal.

## COMMUNICATIONS.

## CLINICAL OBSERVATIONS ON LACTOPHENIN.

GEORGE THOMPSON, M.D.,\* St. Louis.

Lactophenin is a definite chemical body, differing from phenacetin in that lactic acid replaces acetic acid, forming what might be called "phenolactin," had not the discoverer preferred the name "lactophenin."

The substitution of lactic acid seems to overcome almost entirely the possibility of cardiac depression or the conversion of hemoglobin into methemoglobin, an attribute only too frequently met with in antipyrin, acetanilid and phenacetin. At the same time lactophenin possesses every desirable property of phenacetin, with the additional one that, lacking the usual untoward properties of this body, it may be given, if necessary, in largely increased doses with impunity, and will reduce a hyperpyrexia of nervous origin which resists all other antipyretics.

As an analgesic it is equal to the best pain reliever in the *materia medica*, and it may be given with confidence in neuralgia from any cause other than traumatic. Neuralgia is a condition subject to recurrence and should never be relieved by any agent liable to cause a drug habit by repetition. Besides, as an anodyne, morphin is greatly overestimated by the profession, even in the treatment of traumatic and colicky pains. I do not mean to advocate any coal-tar product as an anodyne in this class of pain, because herein is the peculiar realm of morphin; but for any form of neuralgia, whether malarial, rheumatic or dyspeptic, or whatever the cause may be other than traumatism or active inflammation, lactophenin will be found safe and satisfactory.

A few recent cases showing the action of this body follow:

Mr. J., a student of medicine; aged 21; well nourished and of good family history; had had several attacks of fever

and headache, always ushered in with a violent chill. The first time was after a few days of physical strain, and I gave him quinin sulphate and acetanilid. The fever did not decline at all, but three days of rest in bed brought about lysis and recovery. I concluded that the fever was of nervous origin, an upsetting of the balance in the heat-producing center caused by overwork. Subsequent attacks were brought about by overwork or mental worry; in these I used no quinin, but confined myself to the coal-tar group in physiologic doses, to no effect.

At the last attack I prescribed lactophenin in doses of eight grains every four hours. These producing no apparent result, I shortened the interval to two hours. Then there was pronounced effect. The headache diminished and the patient commenced to perspire one-half hour after the second powder was taken, and the temperature went down to normal and remained at normal for six hours, when a chill warned of the waning influence of the medicine. Three more powders of eight grains each were given. One-half hour after the second powder was given the patient perspired and his temperature again returned to normal. The third powder was given two hours later, after which the intervals were increased to four hours, with the result that the temperature remained normal. At the end of two days the lactophenin was discontinued, and no recurrence took place either in fever or headache.

The chief point of interest in this case is the obstinacy of the fever, which persistently ranged between 103 and 104 6-10 degrees, uninfluenced by coal-tar products except lactophenin. It might be that unsafe doses would have reduced the fever, but that would hardly justify the experiment where the case is not one of immediate danger.

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Mrs. K., aged 24; had two children; no kidney or female trouble. She complained of a stitch pain in the middle of the small of her back whenever she turned her body to the right. Eight-grain doses of lactophenin every two hours gave relief after the third powder, and in one day the pain was gone. The powders were taken at intervals of four hours for two days longer, and discontinued without any recurrence of pain.

Mrs. M., was taken ill with malarial chills and fever. The fever would be accompanied with severe throbbing headache, which usually lasted twenty-four hours. I prescribed lactophenin in eight-grain powders every two hours until the headache declined; then continued at intervals of four hours until bedtime. The second powder had no sooner been taken when the headache ceased, patient perspired and the fever declined not to recur again, as suitable specific treatment was taken which aborted the next malarial manifestation and accomplished the cure.

Dr. R., is a dentist of this city. A few months ago he came into my office cyanosed; temperature, 96°; pulse, dicrotic and scarcely perceptible; breathing, shallow and difficult, and great vital prostration. He laid on my sofa and told me that he had taken two powders of phenacetin, of seven and one-half grains each, in whiskey, one hour previously, at half-hour intervals for neuralgia. He admitted that the neuralgia was gone. An injection, hypodermatically, of atropin sulphate, gr. 1-100, repeated once at an interval of half an hour, restored his circulation and vitality. On my advice he took lactophenin in doses of eight grains thereafter whenever his neuralgic attacks returned, generally with prompt relief; and though predisposed to untoward effects from coal-tar products, he informs me that if necessary he can take three such powders at once without any ulterior action.

These few cases indicate to me a great superiority of lactophenin over phenacetin and other members of the coal-tar group of antipyretics and analgesics.

## THE SILVER TREATMENT OF WOUNDS.

GOTTLIEB CREDE, M.D.,\* DRESDEN.

The silver treatment of wounds is based upon the well known facts that silver and its salts possess pre-eminent antiseptic properties, and that they are at the same time entirely non-poisonous to the human organism. In my essay entitled "Silver and the Silver Salts as Antiseptics" (Leipzig, F. C. W. Vogel, June, 1896), I have given the reasons for their bactericide action; have detailed the properties of the various argentic salts; and have described their application to surgical diseases and the healing process that takes place under their use. My experiences since that time with 1,500 more patients confirm every assertion that I have made, and I feel that I am now in a position to elaborate the method, and to formulate it as a definite system of treatment.

\* Divisionarzt a la Suite, Chief of the Surgical Division of the Carola Hospital in Dresden.

It goes, of course, without saying that each case must be treated according to its individual requirements, and that in each specialty certain modifications will be found necessary. Elsewhere I shall consider the subject of the various infectious diseases in which, to my mind, silver has undoubted and important effects. My method of the silver treatment of wounds is applicable in war and in times of peace; to hospital as well as to private practice; in every part of the body; and to every kind of wound. By it the best imaginable results can be obtained; and, finally, its execution is very simple, cheap and economical in the expenditure of time and strength.

Silver citrate, chemically pure (Arg. citr. puriss.), a white, stable, odorless, non-irritating powder, soluble in the proportion of 1-3800 parts of water, is the chief

antiseptic for wounds; for, the smallest quantity of it dusted upon a lesion keeps it permanently sterile. In solution of 1 to 4-8000 it is employed for the irrigation of the cavities of the body.

Silver lactate, chemically pure (Arg. lact. puriss.), is a white, permanent powder, soluble 1 part in 15 of water. In the solid form it is somewhat irritating, and it is most useful for the preparation of disinfectant solutions of the strength of 1 to 100-2000, and for the preparation of silver sutures and drains.

In the fluids of the animal body both salts show a greater antiseptic power than does the sublimate, without having its disadvantages. Watery solutions are best made twice as strong as those of sublimate to have about the same effect.

Tablets of silver citrate of 0.1 grm. ( $1\frac{1}{2}$  grains), are convenient for the preparation of solutions for irrigation, injection and gargles, and tablets of silver lactate, each 0.2 grm (3 grains), may be used instead of sublimate tablets.

All these preparations are made by the "Chemische Fabrik von Heyden," Radebeul, near Dresden.

Silver gauze is a muslin evenly, powerfully, and permanently impregnated with metallic silver. It develops its antiseptic properties wherever the tissue fluids form acids, which unite with the silver to form the antiseptic salts. This occurs, for instance, during the life action of the schizomycetes, and continues as long as any silver is present. It is not necessary to use it in wounds that have been dusted with silver citrate; ordinary sterilized gauze is sufficient here. In cases where this has not been done, it forms an unchangeable and ever-clean dressing, which in itself disinfects smaller wounds, and keeps non-infected larger ones sterile. It is especially valuable for use outside the larger hospital centers, and is prepared by Max Arnold in Chemnitz.

Silver citrate bougies, prepared from pure cocoa butter, and containing 2 per cent of the citrate, are valuable for the disinfection of deep fistulas, the urethra, the bladder, the uterus, etc.

Silver silk, silver catgut, and silver drainage tubes can be prepared by the physician himself or by any manufacturer of surgical dressings. The raw material, without any special preparation, is put in

a wide-mouthed, brown-colored glass bottle containing a 1 per cent. solution of silver lactate. Silk should remain immersed therein 14 days, catgut and drains 8 days; then the material should be taken out, thoroughly rinsed in ordinary water until the latter remains clear, and then exposed to daylight until it becomes blackish brown in color. It is to be preserved well wrapped in several thicknesses of gauze; and immediately before it is used it should be laid for a few minutes in boiled water and rinsed therein. Silk and catgut can be appropriately kept in alcohol. The silver that they contain make the ligatures antiseptic of themselves, where that is necessary.

The following directions for cleansing may be found useful for physicians and nurses:

1. Thoroughly soap and scrub the hands and forearms, paying special attention to keeping the nails short and smooth.
2. Rinse with pure lukewarm water.
3. Wash and brush the hands and forearms with a solution of the sublimate 1 to 2000, or of silver lactate 1 to 1000.
4. After each contact with non-disinfected articles, wash the hands with soap and rinse with pure water.

For the portions of the patient's body that have been injured or are the seat of operative procedure, the following measures should be taken:

1. A general bath some time during the twenty-four hours preceding the operation.
2. Soaping and shaving of the field of operation.
3. Rinsing the same with boiled water.
4. Brushing or rubbing the same with ether.
5. Rinsing with boiled water.
6. Brushing or rubbing with sublimate solution 1 to 2000, or silver lactate solution 1 to 1000.
7. Rinsing with boiled water.
8. Covering the neighborhood of the field of operation with linen cloths which have lain in sublimate water 1 to 2000 for ten minutes immediately before the operation, or which have been boiled.
9. During and after the operation protective cleansing of the field of operation with 1 to 2000 sublimate, or 1 to 1000 silver lactate solution.

10. Cavities are to be irrigated with 1 to 500-2000 silver lactate, or 1 to 4000 silver citrate solution.

In operative wounds after the cleansing of the field the operation is performed; and several times if it is particularly bloody and dirty, and in every case at its conclusion, a gentle rinsing is done with 1 to 2000 sublimate or 1 to 2000-5000 solution of the lactate or the citrate of silver. The sublimate solution is most convenient in places, as in hospitals, where an antiseptic solution is frequently used, and a stable fluid must be kept on hand. The silver salts decompose under the influence of light, and must always be prepared fresh; with the help of the tablets this can very readily be done. After hemostasis the wound should be lightly dusted with powdered silver citrate; even the omentum stands this very well.

The wound is then dressed with gauze, or silver gauze and cotton, and bandaged somewhat tightly. The dressings remain in place as a rule for eight to ten days. They do not require to be renewed when serum trickles through them; but they should be covered with new dressings for appearance sake. Contact of the secretion with the air does no harm. When inflammatory processes are present it is proper to use a wet dressing for the first two or three days after the insufflation of silver citrate, and then to apply a dry one. On changing the dressings ordinary cleanliness only is usually required.

In injuries attended with hemorrhage, when possible the patient should be first bathed; when this is not practicable the neighborhood of the wound should be cleansed according to the above rules. No minute examination of the wound should be undertaken; only portions of tissue that are almost entirely detached should be cut away; and nothing should be removed from the surface of the wound even if it is dirty. Incisions are to be made only when there is very great undermining. Sutures are not to be applied, or used only for the purpose of maintaining the parts in apposition. After hemostasis is effected powdered silver citrate is thinly dusted over the wound.

If the parts have been badly contused, or if inflammation has already set in, a water dressing is applied; in other cases

the dressing should be dry, as for operative wounds. Care must be taken to secure a quiet and firm position for the affected part. The wound and its immediate neighborhood soon become aseptic, as is seen from the purely serous secretion that appears; and they remain so, for the citrate of silver infiltrates the neighboring tissues and sterilizes, without in any way irritating them. Local abscesses may be caused at a distance from the wound by disease organisms; they must be treated in the usual way. Plastic and other operations are as a rule done secondarily.

In treatment of ulcers, abscesses, fistulæ, suppurating cavities, inflamed mucosæ, etc., the affected area must be cleansed as with wounds. Ulcerated surfaces clean up under dustings of silver citrate and wet or dry dressings in a few days. Abscesses that have been opened, and suppurating cavities are first irrigated with 1 to 1000-5000 lactate or citrate or silver solutions, and then packed with silver gauze. The deeper layers are to be removed only when granulations have appeared. The mucous membranes bear the silver solutions very well indeed, as also do the serous membranes of the abdominal and the thoracic cavities. The citrate and lactate solutions have at least the same antiseptic value as those of the nitrate of silver, but are not irritating like the latter.

Bougies of the citrate of silver may be introduced one to three times a week in chronic fistulæ, and in cavities and sinuses that are difficult of access. Wet applications of silver citrate solution, 1 to 4000, to inflamed parts, more especially in inflammations of the eyelids, have all the efficacy of an active but non-irritating antiseptic. At every change of dressing the neighborhood of the wound is to be thoroughly cleansed by means of baths and rinsings with water, or with benzine.

A little practice will enable the entire avoidance of the only disadvantage of the silver treatment, the light brown discolorations of the linen that it occasions. When such do occur they can readily be removed by immersion for two or three minutes in a solution composed of sublimate 10.0 grm. ( $2\frac{1}{2}$  drams) and ordinary salt 25.0 grm. (1 oz.) to 2000 grm. (2 quarts) of water, followed by a vigorous rinsing.



## CURRENT LITERATURE CONDENSED.

**The Nervous and Mental Phenomena Following Surgical Operations.<sup>1</sup>**

Shock is largely physical, yet the mental condition of the patient plays a most important role. A feeling on the part of the patient of confidence in the operator and the result of the operation is one of the most important factors in lessening shock and preventing the unpleasant nervous sequelae which follow.

Suggestion is valuable; an effort to hypnotize patients before operations should be made; and the anesthetic should be preceded by full hypnosis. In some cases it might not be necessary to employ an anesthetic at all; much, he thinks, can be done by the use of drugs. A few large doses of bromids before the operation will quiet the nervous system and lessen apprehension. Alcoholics and opiates may be used for the same purpose. All these agents are too much neglected in the preparation of the patient; in many cases the anesthetic is given carelessly, and in others the time of anesthesia is prolonged owing to a lack of preparation.

The practice of local anesthesia by the Schleich method is sure to be of great importance in lessening general anesthesia, and consequently shock.

The nervous phenomena which follow operations often have their foundation in the pre-operative period, and no intelligent discussion of their treatment can be had which does not include the entire care of a patient before and after an operation.

In regard to the neurasthenic state, sleep is the most important thing. If pain follows an operation, it should be relieved if possible. If the patient is nervous and shaky, a sedative should be given. The bromids should be used. They are not depressing and do not interfere with nutrition, provided they are employed for a few days only. They have the property of putting the nervous system in splints, and for this purpose they are invaluable. With bromids a good general tonic may be administered. Particular attention should be

paid to the condition of the bowels, and above all to the amount of fluid taken in; in some cases this is excessive, but in many it is diminished, and in many cases, if the patients are watched, they will be found to take very little fluids. For these water must be prescribed in definite quantities. Of course the early administration of liquid food goes without mentioning. The plan which ought to be adopted is to lessen so far as possible the shock of operation, and to treat the neurasthenic state which is the outgrowth of this condition. The treatment of the neurasthenia should begin immediately after the operation. In this way the best results will be secured and the patients will not become chronic invalids.

Mental disorders are by no means uncommon—for example, the mild or severe delirium which comes on soon after an operation and may lead to a fatal termination in a few days. This has been and is well described by the term delirium traumaticum. Its treatment is not different from that of acute mania, though the surgical aspects may materially complicate the treatment.

The forms of insanity following operations are almost always included under the terms confusional, which is the most frequent; melancholia, less frequent; hypochondriasis, simple mania, and sometimes paranoia. As a rule the chronic degenerative psychoses do not have their initiation in a surgical operation. The treatment of these various conditions is not different when caused in this way from what it is when occurring in non-surgical cases.

Attention is called to the very great importance of distinguishing the psychoses from the mental changes which follow the acute inflammations of the kidneys and the consequent lessened secretion by these organs. He also calls attention to the great importance of the nervous system in surgical work, and says that a due appreciation of it is an important factor in preventing mortality and in realizing that full benefit of operative work—a restoration of health—is imperative.

<sup>1</sup> DR. HAROLD N. MOYER, in *Medicine*.

### The Treatment of Colles' Fracture.\*

In 1814 Colles of Dublin published his observations on the fracture which to-day deservedly bears his name. Previous to that time, this injury practically masqueraded under the description of backward dislocation of the wrist, or forward dislocation of the lower end of the radius—for such dislocations were considered common by the masters from Hippocrates down. The nearness of the fracture to the wrist-joint, the peculiarities of its anatomical surroundings, the absence of the characteristic sign of fracture unless specially sought for, and finally the teachings of the masters, all served to hinder the recognition of the actual occurrence in this injury—fracture. Therefore, to Colles will ever be due our appreciation and gratitude for the correct diagnosis of this injury, as correct treatment in surgery is dependent upon right diagnosis, even to a greater degree than in medicine.

Since the recognition by Colles of the real nature of this injury, there has been a marked tendency within recent years to overtreat it, with more or less baneful results. Sir Astley Cooper advised that four or five weeks be let elapse before passive motion, in the aged, be attempted. He remarked that recovery is slow, it sometimes being six months before the finger motions are restored. Agnew, Bryand, Moullin, Walshe and McClellan all recognize that the stiffness of the wrist and fingers is due to fibrinous exudations around the tendon sheath about the seat of fracture. Bryant states that passive movements ought to be employed by the surgeon at an earlier period than he has seen wont to; but he does not specify the time. Moullin advises passive movements of the fingers from the first day; and states that to prevent the stiffness of the wrist, he has begun gentle manipulations on the fourth and fifth days with excellent results. I believe that Moullin's instructions should become the general practice.

In several cases, after reduction of the fracture, I have molded a piece of wood fiber splint material over the dorsum of the forearm and hand in a semi-prone position, the hand in line with the forearm. This bandaged over the parts, I find sufficient protection for them. It does not in-

terfere with passive motion of the fingers from the first, and is readily removed and re-applied to permit of passive motion to the wrist-joint. It is molded directly over the skin and requires no padding or compress. In these cases I have carefully caused passive motion of the wrist-joint from the fifth day, and discarded the splint on an average of twenty-four days. It would appear to me that the treatment of "Colles' Fracture" could thus be formulated:

1. Reduction, not always easy.
2. Protection by simple retentive appliance, while reunion of the bone takes place.
3. Passive motion of the fingers and thumb from the first day; of the wrist, carefully, from the fifth day.

### Puerperal Sepsis in which Antistreptococcic Serum was Employed.<sup>2</sup>

The author contributes an interesting study of the use of the antistreptococcic serum in puerperal sepsis. From his observations, he thinks that the following objections may be urged against this treatment with considerable force:

1. The well-tried, older plans of treatment for puerperal sepsis will result in a cure of about four-fifths of the cases. If, therefore, the serum is employed along with the other suitable treatments for the different varieties of puerperal sepsis, four out of five cases will recover, and the recovery may be attributed to the serum when it was really due to some other form of treatment.

2. It is difficult to procure a thoroughly reliable preparation of the serum. Any one who has read Marmorek's article in the "Annals of the Pasteur Institute" must be struck with the great care required in the production of this serum and the necessity for a high degree of skill and conscientiousness in the work. I feel quite certain that some of the preparations on the market are not prepared in a satisfactory manner, and I for one should not be willing to use an antistreptococcic serum simply because it bore this label on the bottle and without knowing exactly how it had been prepared.

3. The use of this remedy must be always more or less empirical. It is true

\* Editorial in *Weekly Medical Review*.

<sup>2</sup> HIRST, *Amer. Journ. Obstetrics and Gynecology*.

that the majority of puerperal infections are due to streptococci, possibly two-thirds of all cases; but there remains a third or more of cases in which there is a mixed infection, or in which the infecting agent is not the streptococci at all. A bacteriological examination of the uterine discharges is not enough to solve this question. There are certain cases of thrombophlebitis and of lymphatic infection in which the infecting agent cannot be discovered any longer in the uterine cavity or in the cervix; and on the contrary there are certain cases in which the streptococci may be found in the birth canal, but in which there has not yet been an invasion of the organism by these bacteria.

4. The treatment is not entirely free from risk. Goulard, Bar and Tissier report two cases in which the woman's death was unquestionably due to the serum.

5. There is some danger that too great reliance for a time might be placed upon this form of treatment, to the neglect of the older, better-tried and perhaps more successful, plans.

6. No one yet knows how this remedy acts. If it simply produces a hyperleucocytosis, there are other and more simple agents which will have the same effect.

Still, the writer says that these objections are not so weighty in his mind as to prevent his giving the method an extensive trial in the future.

#### Hip Abscess.\*

These abscesses may appear at any time during the disease, but they usually come in the later stages, and the particular conditions existing modify the treatment for each case. Tuberculosis material being slowly formed at the focus of the disease gradually works its way along the path of least resistance and is collected at the most favorable point into a sac which is formed around it.

The formation of this material continues for a length of time and we have no means of knowing when it ceases.

If an abscess be opened while this material is being formed of course it is impossible to expect the healing process to obliterate the abscess cavity, consequently to obtain the ideal result a sufficient length of time must elapse for all the

fluid to form and collect. This particular time it is impossible to *know*, but each individual judgment will arrive at a time when it seems proper to go ahead.

The important things to remember in the operation are:

1. To make an incision as long as the abscess, so that all tuberculous material may with certainty be removed.

2. The wound should be completely closed without drainage, and a dressing and bandage applied which will give a great deal of compression. I have applied compression bandages when for the first few hours the return circulation has been interfered with and so much pain caused that an opiate was necessary. The opiate was given rather than loosen the bandage.

3. All bandages tend to work loose, so that a readjustment may be necessary every two or three days.

4. On the third or fourth day, in many, if not the majority of the cases, even when compression has been pushed to the limit, there will be noticed a *very slight* fluctuation directly along the line of incision. The temperature may or may not rise a very little ( $99^{\circ}$  to  $99.2^{\circ}$  or  $99.3^{\circ}$ ). With the smallest probe a pin-hole opening should be made at the lowest end of the wound and it will be found that a small amount of pure serum can be expressed. An aseptic dressing with compression bandages should be reapplied. This may or may not have been repeated.

\* This procedure seems to be of the utmost importance, as in cases where it is not done the serum changes to pus and the opportunity for an ideal result forever lost.

This treatment would be of no avail in cases with extensive disease of bone and the process active, but in those abscesses coming in the late stages when the hip is apparently doing well and under the conditions as previously outlined, the results are very satisfactory.

For opium poisoning (morphin and laudanum), give hypodermatically 1-10 grain apo-morphin, or use stomach pump, followed by atropin and strychnin. Give strong infusion of coffee or caffein citrate. Inhalation of ammonia and amyl nitrite. Use galvanism and artificial respirations. Keep patient awake.

\* FRANK E. PECKHAM, M.D., in *Atlantic Medical Weekly*.



## A Qualified Quack.

In a fashionable quarter of Paris one "Alexis" does a roaring trade as a bone-setter and herbalist. To him one fine day there came a commissioner of police with an invitation to follow him to his office. The quack took the matter quite coolly, and, while preparing to obey the summons of the law, said to his servant: "Don't send anyone away; I shall be back in a few minutes." The representative of the civil power hinted with a significant smile that his return might possibly be a little delayed. On arriving at the police office "Alexis" asked the commissioner for a moment's private interview. This, after some demur, was granted. When they were alone, "Alexis" took from his pocket a diploma of Doctor of Medicine of the most authentic character, at the same time begging the astonished commissioner not to betray his secret, on the ground that he would lose all his practice if it were known that he was a regularly qualified doctor. He added, by way of explanation, that he had tried practice in the orthodox way and had nearly starved behind his brass plate. An inspiration came to him to start as a quack. He removed his plate, dropped his surname, gave himself out for a bone-setter—and he might have added, pointing to his rooms crowded with patients, "*Si monumentum quaeris circumspice!*" This interesting story carries its truth on its face. I do not know whether "Alexis," doctor though he be, has much knowledge of medicine, but he evidently knows mankind.—*Practitioner.*

## True Verse.

There was a man in our town  
Invested all his health,  
With madly avaricious aim,  
To win the goal of wealth.  
And when he had his wealth attained,  
With all his might and main,  
He vainly lavished all his wealth  
To get his health again.

*Richmond Dispatch.*

Kissing the Bible has with many courts long been a requirement in making oath, and many have kissed where diseased and foul lips had kissed before. Now sanitary regulations are requiring Bibles with celluloid backs which can be washed.

## An Arithmetical Prodigy.

The *Giornale della Reale Societa Italiana d'Igiene* notices a case of remarkable arithmetical power which was brought before the Society of Anatomy and Physiology of Bordeaux. A young man of 27 possessed since he was 10 years of age the power of counting without difficulty or hesitation the letters constituting sentences, thought, spoken or written. He felt obliged to count them; and the continuous enumeration caused no fatigue, nor did it interfere with the performance of his duties in a commercial house, nor with conversation or reading a book, or following a process of reasoning. He had never attempted to acquire this power, nor had it improved since he first felt compelled to exercise it. The letters of the words that he enumerated seemed printed before his eyes. The month of the year and the day of the week seemed similarly impressed; January and Monday in bright white, subsequent months and days in deepening shades of gray, until December and Sunday, which appeared black.

## The Efficacy of Prayer.

Years ago the writer was called into consultation with a woman physician in a difficult case of labor. The patient had been in tedious labor for many hours, and yet on his arrival instead of finding active measures for the sufferer's relief the attending physician had gathered the family by the bedside and was praying that if the patient should die the Lord would hold her guiltless, as she had done all she could for the patient and she placed her in His hands.

Forceps materially aided the recovery, which was quick and complete, but this physician for years referred to this case as one proving the efficacy of prayer.—*Atlantic Med. Weekly.*

## The Drug Habit.

One of the most pernicious practices is the habit of medicine taking. Many people are addicted to the habit of swallowing a drug of some sort for the relief of every physical discomfort which they may happen to experience, without any attempt to remove the cause of the disorder by correcting faulty habits of life.—*Medical Times*

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PHILADELPHIA, SATURDAY, JULY 31, 1897.

## EDITORIAL.

### ANENT VENEREAL DISEASE.

Those considerations of public morality which inspire all attempts to regulate the social evil by process of law appeal to the physician full as urgently as to the sociologist—more so when the State supervision of prostitution is not the subject directly under discussion. The REPORTER does not here offer an opinion concerning the regulation and license of prostitution further than to say that such degradation of the public dignity could be justified only by the certainty of marked diminution of disease, without that corresponding increase of vice in inaccessible forms which experience hitherto has shown to be the invariable accompaniment of restrictive legislation. It does, however, assert that the hygienist must regard the control of venereal disease precisely as he would that of any other communicable malady. That kind of morality which keeps its head erect by virtue of a raw-starched shirt bosom and stand-up collar habitually asseverates that it is immoral to deprive vice of its possible dangers.

Without discussing this dogma, the REPORTER does not hesitate to assert that the duty of the physician is to cure, relieve, and prevent disease without reference to ulterior considerations.

The law provides that every accused person shall have the benefit of counsel, and it is the recognized duty of a lawyer to save his client from punishment, even if deserved, so far as he may without actual fraud. If ethics permit a criminal the right to employ the best and most upright of lawyers, it follows that the honest lawyer owes the best exercise of his skill and learning to his client first, subordinating his obligations to justice in the abstract. Many demur from such logic, and condemn a lawyer for undertaking the defense of one guilty of crime; but even those who do not admit that the paramount duty of the lawyer is to his client, will undoubtedly insist that, when professionally engaged, the physician must be actuated solely by the intent to save life or to cure disease. Physicians

are constantly laboring to save or prolong lives which, so far as human wisdom can determine, are detrimental to society as well as burdens on those more immediately connected.

During the civil war, perhaps no one incident aroused fiercer public condemnation than a proposition from a physician to inaugurate epidemic small-pox throughout the enemy's country by introducing foci of the disease in infected clothing. Small-pox is no more disabling than wounds received in warfare, nor does it cause death more terrible than that by fire, or by pyemia or erysipelas secondary to trauma received in combat. Had this physician, laying aside his profession, led a charge against the enemy which might have caused ten-fold the slaughter to be reasonably expected from the variola, he not only would have escaped universal execration, but might have been deemed heroic even by the enemy who suffered. The repulsive feature was not the destruction possible, but was the idea that one identified with a profession the most beneficent to humanity should be capable of misusing his knowledge and skill to wantonly increase suffering and indiscriminately destroy life.

The logic which forbids the physician hygienist to attempt the prevention of danger arising from indulgence in lust, is incomplete until it also concludes that the physician therapist must not cure the consequent diseased conditions. This opinion, however, requires no consideration.

Aside from the duty peculiar to physicians, are reasons which fully justify prophylactic measures against venereal disease. The act of congress which determines exposure to venereal infection is immoral only when potential for evil in the social economy. It is the physical expression of a natural instinct, an appetite as normal as the craving for food or water, for oxygen or for exercise. Nevertheless, social ethics can admit no excuse

for unrestrained response to the demands of this appetite, because as soon as we conceive man a morally responsible being, with environments which bring him in contact with more than one of the opposite sex, so soon does the necessity for restriction become evident for the preservation, indeed for the very existence of the social structure. The higher the development of society, the more urgent is the necessity for restraint, and the severer become the penalties for infraction.

In regard to mitigating the consequences of incontinence, two postulates are commonly made: First, sexual transgression is inspired more often by relative coincidence than by moral obliquity. Second, severest ultimate consequences of such wrong-doing are visited upon the innocent and even the unborn.

The scarlet letter has been assigned to many women who are immoral only because of the dicta of conventionality, and there are prostitutes even, for whom nothing but the deepest pity could be felt were their histories known. On the other hand, there are women essentially immoral but of recognized social status, whose unassailed chastity is mistaken for virtue—a delusion which they cherish as religiously as a miser does his gold. Many who indiscriminately consign to utter damnation those of their own sex whose lapse from conventional standards has become known, are incapable of appreciating true womanliness or of attaching aught but an anatomic significance to virtue. The woman is higher than the female, and not seldom the highest spiritual development has been consequent upon what generally are prejudged deviations from chastity.

As for men, doubtless the majority have, at sometime or other incurred the risk of venereal infection, while not a few have avoided chance exposure at the expense of some trusting girl. There are men who remain continent simply from



the lack of opportunities such as occasion the delinquencies of others, or, peradventure, from cowardice. So that it does not necessarily follow that the transgressor in fact is morally inferior to one who has not committed an overt act. Still the natural tendency is to gauge immorality by the deed rather than the spirit.

The strongest plea for bringing venereal disease within the province of preventive medicine is because of the ultimate disastrous results to the innocent. Gynecologists estimate that nine-tenths of pelvic inflammatory diseases in women, excluding cases due directly to accidents incident to parturition, result from gonorrheal infection. If there be any question as to the righteousness of seeking to spare man or woman the possible consequences of yielding to the promptings of natural instinct, there can be none whatsoever to regarding infected parties impersonally as direct agents in transmitting loathsome disease to others, especially through legalized relations to unsuspecting virtue and potential posterity. Every means to prevent such spread of contagion should be exercised.

All recent legislation for the protection of the eyes of the new-born is based upon the fact that ophthalmia neonatorum re-

sults from gonorrheal infection. Syphilis, notoriously, is a cause of fetal death, and is a disease which entails on posterity a curse worse than death. For the sake of the race unborn, if for no other reason, venereal disease should be exterminated if any efforts of the profession or public can accomplish the task.

The social evil has prevailed since the fall of humanity and has grown apace with the increase of mankind. It has disintegrated kingdoms, it has submerged empires, and its flood tide marks are the ruins of nations. Society has as yet built no dams efficient to restrain it; the artificial defenses provided by the law have been powerless to diminish its volume or even to determine its course; and Science unsupported has proved inadequate to forestall disaster. The eradication of the social evil will be one characteristic of the millenium—a consummation which cannot be legislated into existence, nor be produced in the laboratories of Science, nor be counterfeited by conventional morality. But incredible progress will be made when venereal disease shall be controlled through effective measures devised by science, enabled by wise legislation and enforced by public opinion.

This is possible.

The *Journ. Am. Med. Assoc.* quotes the following statistics from the *Chicago Tribune*: The alarming increase in the number of murders and suicides in this country is shown from statistics recently collated as they relate to 1895 compared with preceding years. From these it appears that the number of murders (including homicide) in the United States attained last year the unprecedented figure of 10,500, as compared with 9,800 in 1894, 4,290 in 1890, and 1,808 in 1885. Hence the increase of homicidal crime is of a most rapid and serious nature. The suicides in 1895 numbered 5,750, as compared with 4,912 in 1894, 2,040 in 1890 and 978 in 1885. The legal executions in 1895 were 132, being

the same as in 1894, whereas in 1890 they were 102, and 108 in 1885. The "lynchings" or illegal executions were 171 in 1895, as compared with 194 in 1894, 127 in 1890, and 108 in 1885. Hence, there was a decrease of 23 last year as compared with 1894. But both as regards legal and illegal executions in the United States there is an extraordinary difference between the ratio of increase in the two classes and the amazingly rapid development of murder of recent years. Thus, the combined legal and illegal executions for the 1,808 murders in the year 1885 were 289, or nearly as many as the combined number (303) for the 10,500 murders in 1895.

## ABSTRACTS.

## IS PAIN A VALUABLE SIGN IN THE DIAGNOSIS OF CANCER OF THE BREAST ?\*

There is still a prevalent belief that cancer of the breast is painful in all its stages. Physicians as well as patients continually express surprise when such cancers have reached an advanced stage without pain; and even in one of our most recent systems of surgery the article on mammary tumors conveys the impression that we may expect a woman to be suffering pain if she has a cancer of the breast. This belief is probably due to the failure to discriminate between the early and late symptoms of the disease. In the late stages, after surrounding structures are pressed upon or ulceration exists, more or less pain is generally felt; but in the early stages it is seldom present.

In order to study the relationship between pain and beginning cancer, and to draw attention anew to the fact that tumors should not be considered bland because they are painless, I have examined the histories of the patients who have been treated in the New York Cancer Hospital for mammary cancer since January, 1889. In the history blanks there is a space for recording the presence or absence of pain, and any other pertinent facts concerning this symptom, and this has usually been filled in with care.

The total number of cases was 331; in most of them the disease was far advanced. In 63 cases pain was denied in any stage of the disease. In 56 cases pain was not mentioned. In 190 cases pain came in the late stages of the disease after the surrounding structures were pressed upon. In 20 cases pain was present in the early stages of the disease.

Hence in only 6.04 per cent. of the cases is there a record of pain at the time when the diagnosis should have been made in order to secure the best results from operation. Even in these few cases the pain was of such a character as to give little alarm to the patients.

In five instances it followed bruises. In one instance it was caused by what was supposed to be a boil. In seven there were only slight shooting or aching pains, which hardly attracted attention at the time. In six there were severe pains at the beginning, which intermitted more or less afterward.

These six cases represented the greatest amount of early pain which was recorded in the entire series of 331 patients. Yet the average duration of their disease had been twenty months when they were admitted to the hospital—an indication that the pain had not been very troublesome, else it would have been relieved sooner. People will not endure severe pain for twenty months when it can be so easily relieved.

Even in the later stages of the disease pain was not a prominent symptom. Many of the patients who denied pain at any time had advanced growths; and in the group of 190 patients who had pain late in the disease there was seldom much suffering from this cause. The records usually say: "Occasional shooting pains," or "Dull pain from time to time." I have seen severe pain accompanying cancer of the breast only when there was abscess or phlegmon in addition to the cancer, or when axillary pressure caused edema of the arm.

The explanation of this absence of pain is to be found in the peculiar nature of the growth. As the cancer grows it replaces the neighboring normal structures; it does not distend them, as acute exudative inflammation does. Cancerous, tuberculous and syphilitic inflammation are similar in this respect, and all three usually progress without much pain; while inflammation in which there is an exudation of fluid under high pressure is very painful.

Abscess of the breast, acute articular rheumatism and a "felon" illustrate this point, when contrasted with beginning

\* CHARLES N. DOWD, M.D., New York, in *The New York Medical Record*.

cancer of the breast, tuberculous joint disease, and syphilitic dactylitis. The first three are very painful; the last three seldom give pain, excepting when motion or trauma brings pressure on nerve endings which are still sensitive.

Growing fibrous tumors in the breast are more likely to give pain than is growing cancer. There were 37 such treated at the hospital during the time mentioned, and nineteen are recorded as painful in the early stages, the pain being usually of a sharp, shooting character, frequently most severe at or about menstruation.

This indicates that if a small nodule is painful, it is more likely to be fibrous than cancerous.

From a practical standpoint this freedom from pain in beginning cancer is most unfortunate, as people are not apt to seek medical or surgical advice about anything which seems so unimportant. We may well believe that in many instances they do not themselves know of their malady until it has existed for some time. We are, however, doing our best in the matter if we endeavor to call general attention to the real condition.

### THE OBJECTIONS TO CONDENSED MILK AS AN INFANT FOOD.\*

It is self-evident that the best standard by which an infant's diet can be judged is in the infant's normal food—breast milk. It is not alleged by anyone that breast milk is always of exactly the same composition or that it can be exactly duplicated by any artificial food or that the stomach of the average child has no power of adapting itself to variations in food. But the composition of average breast milk is well known, and any food which varies widely from its proportions, with very little other evidence against it, must be condemned. If we know that a given food contains but one-eighth the amount of fat and one-third the amount of proteid found in normal breast milk, we can reach but one conclusion regarding it—that food is not suitable for continuous use. Yet these are the proportions of a one-in-twelve dilution of condensed milk. If made twice that strength the solution contains but one-fourth the proper amount of fat, but at the same time an excess of sugar, the greater part being cane sugar. As a matter of fact, but few infants will digest condensed milk in a one-in-six dilution. It is rarely given in actual practice in a dilution of less than one-in-twelve.

No rational physician can believe that a food of such strength can form a proper diet for continuous use in any but the youngest infants. If farther evidence were needed, the clinical experience of men who see large numbers of children is available. So far as we know no careful ob-

server of large experience advocates the use of condensed milk alone, because children do not thrive on it. It is quite true that there are exceptions to this, as to most rules, but it is folly to base one's practice upon a few exceptions rather than the rule. Dr. Holt, with his immense experience, says that he has as yet never seen a child reared exclusively on condensed milk who did not show, on careful examination, more or less evidence of rickets. Dr. Rotch is equally positive in his statements.

The number of children over four months of age fed exclusively on condensed milk, who show no sign of rickets or malnutrition, is extremely rare. They are frequently fat, to be sure, but they commonly present striking examples of "fat rickets." As a rule they well fulfil Dr. Kerley's description of them as an "ill conditioned class of children, with their starved muscular and nervous systems and catarrhal tendencies, who fall an easy prey to broncho-pneumonia in the winter and to the gastro-intestinal diseases in the summer, and to the infectious diseases during the entire year." As regards well-nourished children who have been reared exclusively on condensed milk, Dr. Kerley aptly remarks that "we hear of more than we see."

The chief objection to condensed milk as an infant food is the fact that it contains a slight deficiency of proteids and an excessive and almost fatal deficiency of fat.

\* Editorial in *Archives of Pediatrics*.



## HOW CAN WE LIMIT THE WORK OF THE GYNECOLOGIST?\*

All who have much to do in the line of gynecology are impressed with the fact that a large proportion of this work is preventable. There are three most important causes, which are active in producing the vast amount of work which falls under the care of the gynecologist: Gonorrhea, abortion, injuries during labor at term.

*Gonorrhea* is a very common disease, especially in the larger towns and cities, and is not unknown in the rural districts. It is active and steadily progressive, and unless controlled early, it is quite sure to cause dire results before its course is run.

Gonorrhea should be treated early and actively, and an early diagnosis and determination of treatment to be pursued are of great importance in order to prevent endometritis, salpingitis, ovaritis and peritonitis, beside involvement of the urethra, bladder, ureters and kidneys.

The onset of an acute attack of gonorrhea is accompanied by symptoms that cannot well be mistaken. The inflamed vulva and vagina with the creamy purulent discharge is sufficient to alarm the patient, and she consults her physician. He will find that the above symptoms are likely to be accompanied with slight chilly sensations, loss of appetite, constipation and frequent painful micturition if the urethra is already involved. The urethra is not apt to be involved before the end of the first week, and it is desirable to have the case under thorough treatment before this time. Usually these cases consult the physician early, and it is at this stage I find active treatment (abortive, if you choose to term it) of avail. Rest is essential—put patient in bed at once. Unload the bowels. Liquid diet. Order water to be taken freely, to which may be added moderate doses of potassium citrate, acetate, sodium bicarbonate, or lithia.

The all important step is now the thorough active treatment of the vulva and vagina, which is to be carried out in the following manner: Place the patient on her back with thighs flexed on abdomen, with an assistant to hold the legs. Place a rubber sheet under buttocks to carry

away the free amount of water that will be used in order to thoroughly wash away all discharge. If the vulva or vaginal entrance is excessively tender, dry the surface and apply a small amount of a 10 per cent. solution of cocain. You will now be able to examine the vagina without distressing the patient.

I am careful now to expose the cervix through a bivalve speculum and note the character of the discharge which is found here. If this disease is seen so early as the third day, it is rare to find the cervical canal infected. Should there be found a purulent secretion coming from cervix, it will require special management, to which I shall allude later on. Now remove the speculum, and thoroughly cleanse the whole vaginal surface with green soap, using the fingers to put the various folds on the stretch. Wash thoroughly with a 1:2000 mercury bichlorid solution. With absorbent cotton dry the mucous surfaces completely, and then apply a 10 per cent. solution of silver nitrate. Wipe away any excess of the silver, and pack the vagina quite full with sterile iodoform gauze. This thoroughly distends the vagina and separates its mucous surfaces, and there is sufficient gauze to take up all secretions for seventy-two hours. Remove the gauze at the end of this time, and cleanse the surfaces with several quarts of the bichlorid solution, and repack as before, to be left undisturbed for three days. This carries us through six days, and the results are gratifying, and now all that is necessary is to douche the vagina freely three times a day with a zinc permanganate solution, eight grains to a quart, for two or three weeks.

To return to the cases where the infection has reached the cervical and uterine canal, and has not as yet reached the Fallopian tubes. By careful bimanual examination this fact may be determined. If the appendages are not involved, a careful and most thorough curetment of the whole uterine canal must be made, followed by a thorough washing through a Fritsch-Bozeman canula. After drying the surface apply Churchill's tincture lib-

\* WILLIAM H HUMISTON, M.D., in *Columbus Med. Journ.*

erally, and pack the vagina as above. I have demonstrated this treatment many times during the past three years, and I believe it has saved untold suffering, and spared to women their generative tract unimpaired. Hence the great importance of an early diagnosis together with a rational active thorough treatment in these numerous cases so familiar to you all.

*Abortion* is a good second, if not first, in giving rise to the ills that render the life of the abdominal surgeon a busy one. How frequently the patient comes with the history of invalidism dating back to the miscarriage months or years ago.

Abortion, retained products of conception, sepsis, prolonged confinement to bed, reduced strength and invalidism are invariably shown here, and there is only one hope of relief, and that through a formidable operation, involving the removal of one or more centers of suppuration, in which the bladder, uterus, tubes, ovaries, omentum, and intestines are so massed together as to destroy all the ordinary landmarks that govern and direct us in reaching a successful completion of a most trying operation.

We prevent such results following abortion by treating them early with the same minute particular care that is given to a major surgical operation. Be aseptic, be thorough. When first called to a threatened abortion if there is but a moderate amount of pain and flowing, an effort should be made to prevent the same by rest, opiates, viburnum, etc. I think it best to cleanse the vulva and vagina thoroughly, and keep an aseptic pad tightly over the vulva, to be changed as frequently as soiled. If the trouble cannot be averted, conservative measures may be continued, and nature allowed to complete the process unaided, unless there is hemorrhage, a rise in temperature, or a progressive weakening of the pulse, when I believe it is wise to at once empty the uterus, and with a dull curet clean the uterine cavity completely, apply the comp. tr. of iodine freely, and pack the vagina well with sterilized gauze. Where the uterus fails to contract and bleeds freely, I also pack it with gauze, which is most efficient in exciting contraction and controlling the hemorrhage. The patient should be confined to bed for at least two weeks, and the local treatment should be continued

on aseptic principles until the uterus is in a normal condition.

*Injuries during labor at term.* The result of injuries occurring during labor are often most serious to the comfort and well being of the patient for years afterwards, to say nothing of the immediate dangers they expose her to for the first week following childbirth. A pregnant woman should be looked after by her physician from the first month of pregnancy until delivery, and her general system kept in the best possible condition.

I am a firm believer in the immediate repair of injuries to the cervix, vagina and perineum. The gynecologist should be called in at this time to render aid to the physician instead of having the case sent to him months or years later. To do this work immediately and to do it well, requires as many assistants as when done secondarily. Asepsis must be attained, and it is impossible to reach it without preparation and assistants.

An operating case filled with all the necessities in a sterile condition is imperative, and with but little delay the accessory preparations necessary at the home of the patient can be made. These immediate operations have been most satisfactory, and the convalescence undisturbed, when the above directions are carried out. Also in a great number of cases where apparently no injury can be detected after delivery, an examination at the close of the second week will disclose the uterus retroverted to a degree that will retard involution, and if it is allowed to remain thus it will steadily grow worse, and eventually result in a state of invalidism.

It is essential to make examinations weekly until the sixth week has passed, and institute the usual treatment at any time a deviation from the normal is discovered. Obstetric patients should not be finally dismissed until involution is complete, and the uterus in a normal position.

A rich woman feared she had Bright's disease. She was willing to take the free dispensary drugs, but not to trust to the diagnosis of dispensary doctors. So she applied for a large amount of life insurance, was duly examined, pronounced sound, and accepted. She replied she had changed her mind. Thus she beat the doctor.—*Medical Record.*

## SOME PRIMITIVE SURGERY.

In a recent number of "Science" Dr. Frank H. Cushing gives a very interesting account of a surgical operation which he witnessed during his sojourn among the Zuni Indians. The patient had been thrown from his horse some months before, sustaining a contusion on the right side of the foot. At the time of the operation the foot and lower leg were much swollen, so the skin was shining, except over the original injury, where "a malignant and putrid sore" had developed. As both the foot and leg were livid in places, the medicine men who had been called in determined to operate.

Their armamentarium consisted of the bottom of a glass bottle, and two or three nodules of obsidian, also some cedar splints, willow bark and some bitter yellow roots. A number of sharp, thin flakes were split off from the glass bottle and the obsidian and mounted in the cleft ends of the cedar splints to form lancets. Some shredded cedar bark, buckskin scrapings and old soft rags were provided for dressings, also a bowl of fresh water and one of an infusion of willow root bark. The diagnosis was that certain muscles of the foot were dead or dying from the violence and were turning to worms.

A T-shaped incision was made and the diseased tissue removed by the aid of the obsidian and glass lancets until the periosteum was exposed. This also was found to be inflamed and discolored, and was scraped until the discoloration disappeared. The chief surgeon filled his mouth several times with the infusion of willow bark and sprayed it over the wound, which was then dried. The incisions were stuffed with gum from the pinon pine and bandaged with strips of rags.

The after treatment consisted in dressing the wound every day and dieting. He was put on "the freshest possible corn food, and was for the first four days deprived of salt and all flesh food, and was thereafter until perfectly cured—for he recovered with amazing rapidity—denied all meat containing fat and other non-

muscular tissue, since these as well as old seeds are supposed to be of themselves peculiarly liable to "worm turning."

As Mr. Cushing remarks, all the maneuvers seem to have been conducted in accordance with modern surgical ideas. In reality, however, they were a combination of empiric and thaumaturgic modes. These people believe that "good, fresh, red blood is the source of new flesh, and that water is the first source of new blood of life itself, therefore, since the willow never lives apart from springs or other continuous sources of water, it must contain within its roots the very source of life. An infusion of its roots and bark becomes brightly red," hence its use. So, too, the propriety of using the fine feeding and therefore purifying and maturing pinon gum and of the cooling and hardening yellow root. The pain must be due to worms deep seated, these must be removed to prevent their undue propagation, which would cause death, etc.

The use of obsidian is interesting as showing the extended use made of this substance in primitive medicine. Obsidian is widely distributed throughout the world and appears to have been one of the chief agents in prehistoric trephining. This operation was extensively practiced during the stone age in France and trephined skulls have also been found in the Canary Islands, Algeria, Mexico and Peru. Prunieres states that out of twenty skulls in his collection, all of which had been trephined during life, nineteen of them had evidently been operated on successfully, for the edges of the bone had become smooth. This operation was performed by scraping through the skull in a circle so the enclosed disk of bone could be removed. The trephine holes were usually more or less round, but in one specimen discovered by Squier in Peru the opening was quadrilateral and the edges were smooth and clean cut as though done by one of our modern saws. Broca, the celebrated French anthropologist, experimented with a piece of glass and found that in an adult's skull it took nearly an hour to effect entrance, but in a child's



skull only about four minutes. The Kabyles of Algeria still perform this operation by boring a row of holes in the skull which are then connected by a saw.

The disks of bone which were removed were looked upon as talismans possessing vast therapeutic powers, capable of counteracting witchcraft and of preserving the possessor of them from disease. They were therefore worn about the neck as amulets. Horsley shows that not only the pieces of bone were removed, but even the edges of the trephine opening were thought to possess beneficial, possibly supernatural, properties and worn as amulets. After the death of a patient who had survived the operation the bony disk was buried with him and these are often found inside or in the vicinity of the trephined skulls. According to Broca this was done so the deceased might carry this talisman into the next world and so be preserved from the evil spirits which had haunted him on earth.

Prof. Horsley stated that most of the operations appeared to have been per-

formed on the vertex, and therefore they were probably undertaken for the relief of depressed fracture. He also drew attention to the fact that the trephine holes were nearly always located over the motor area and epileptogenic region of the cortex. He said that a depressed fracture would almost certainly cause epilepsy, which would be relieved or cured by an operation originally started to relieve pain.

These operations seem very creditable when we take into account the primitive habits of life of the Zuni Indians and the cave-dwellers of France and other countries. Indeed, so late as the first century of the Christian era surgery was not very far advanced. In describing the instruments found in the "surgeon's house," which were of bronze and highly ornamented, Prof. Senn (*Medical News*) says: "If we judge the worth of the Pompeian surgeon from the collection of instruments he left behind him, it is evident that bloody operations were confined to bleeding, cupping, extraction of foreign bodies and opening of abscesses."

#### WHY PUBLIC BATHS ARE ESSENTIAL.\*

Bathing of the human body as recorded in sacred and ancient history was a prescribed sacred ritual for purification, especially for accidental, leprous, or ordinary uncleanness. A bathing chamber was probably provided in the houses of the lower ranks in early times, as well as in those of the wealthy. The pools of Bethesda, Siloam and Hezekiah are among the first indications of public baths established for promiscuous public bathing.

In all religious ceremonies the high priests were required to purify themselves by bathing before performing religious services; uncleanness of person was considered sinful. Even the leper was commanded to go and wash in the pool of Siloam seven times before he could be made whole.

Body exhalations are impurities often-times poisonous, infective and contagious, and which nature by her constant physiologic activity in the human system, through sensible and insensible perspiration, endeavors to get rid of. Healthy con-

ditions can only be maintained by removing these poisonous elements from the cutaneous surface by bathing. The millions of cutaneous pores, covering the whole body surface, must be relieved of these exudations or ill health will be the result. Purification increases cutaneous blood circulation, stimulates nerve radicals, eliminates and removes effete and poisonous accumulations, and renders the blood purer, promoting healthy action and strength.

Athletic training of gladiators and soldiers of the olden times among the Greeks and Romans by the daily use of the bath was considered indispensable; and even at the present time no athlete, whatever the sport, can afford to ignore this important adjunct in his preparation for any great physical effort. Common laborers and muscular toilers need the bath quite as much, to remove the effete exhalations from their perspiring bodies, to maintain strength and muscular activity.

The treatment of diseased conditions at the present day is largely relegated to the

\* Editorial in *The Sanitary Record*.

various water appliances. Impure air, unbathed bodies, absence of sunlight, are largely the inciting factors of the poisonous germs of typhus, as of less malignant diseases. In the common lodging houses, again, are found like conditions intensified.

In the tenements the practice of bathing is almost an impossibility, since a tub filled with water is the only resort. In this limited supply the water soon becomes befouled, and the impossibility of cleanliness by its use is evident. Such conditions do not encourage the practice of bathing.

A bath that does not effectually remove from the surface of the body all impurities and constantly supply fresh, pure water is not a bath of purification. A small modicum of surface dirt may be washed off, but the pores of the skin are but partially relieved of their clogged-up mouths, filled with the effete products of physiological activities; neither is the cold bath alone sufficient for good purification. Hot or very warm water, with plenty of soap, is necessary to dissolve and remove the oleaginous exudations which are always present.

In the sea-water swimming-baths the

alkaline condition of the sea water is an important adjunct for cleansing purposes, useful and invigorating, provided the water is clean and free from sewage contamination. Objectionable as this may be, from a sanitary point of view, the popularity of these cooling, pleasure-giving summer swimming baths is shown by the enormous number of bathers.

The hygienic environments that unquestionably surround public bathing establishments and public comfort stations are directly and indirectly conducive to the elevation, both physically and morally, of those now compelled, for want of proper facilities, to go unbathed for weeks, months, and even years.

It needs no extended argument to convince any intelligent person that such conditions of personal uncleanness are very great menaces to health and danger to the public. The recent developments of the science of bacteriology have demonstrated the presence of subtle, poisonous germs, and that the body exhalations of an unwashed sample of humanity, with whom one is brought in contact in crowded cars, may, unknown, communicate a deadly fever germ.

#### GASTRO-INTESTINAL HEMORRHAGE IN THE NEW-BORN, AND THE FRENCH METHODS OF TREATMENT.\*

Gastro-intestinal hemorrhages in the new-born, that is to say, within fifteen to twenty days after birth, are of rare occurrence, but in this country have scarcely received the attention their gravity deserves. The importance of these attacks is so considerable and the disorders they may bring in their train are of so grave a nature, that it behooves a physician to give the subject at least a certain amount of study, so that he may know how to act when he finds himself in the presence of an accident of this kind. Much of the current literature bearing on the subject has been contributed by Frenchmen, who are always well to the front, both in investigating and treating diseases of children. As is well known, melena in infants is often spurious and not in any way symptomatic of an organic change in the di-

gestive tract, but is simply caused by blood swallowed by the infant, and then discharged either by the mouth or rectum.

In a case of melena proper, symptoms vary with the quantity of blood lost. If the hemorrhage is scanty, general symptoms are lacking; on the other hand, the phenomena usual with large losses of blood are present, except that fall of temperature does not always exist. Melena neonatorum occurs in the majority of cases within from three to ten days of birth, more often within three. The cause of many of these hemorrhages is obscure; occasionally ulcers of the stomach or duodenum have been found, but in most instances the hemorrhage has been capillary, and nothing but a congested state of the vessels has been discovered. Grandier and Ritter have given as a probable cause a condition allied to hemophilia. The late

\* Editorial in *Pediatrics*.

J. Lewis Smith quotes Vogel, who believed that the closing of the umbilical vein was the cause of congestion.

The prognosis naturally must depend on the frequency and abundance of the bleeding, and the causes when these can be diagnosed. In 1890 Dusser reported a mortality of 55 per cent. In 1893 Oni attended 87 cases, of which number 51.6 per cent. died. In 34 cases that came under Harmary's notice the mortality was 51.4 per cent., while Minot, of Boston, puts the ratio of fatal results at 86 per cent. However, in estimating the rate of mortality from gastro-intestinal hemorrhage, the number of infants who die from the direct effects must not be only considered; there are many who do not succumb at once, but who never really recover from these accidents in their early years. Fortunately, cases of melena proper are few and far between. According to Bahl and Hecker, eight cases occur in 4,000. Spiegelberg says two in 5,000, and Genrich one in 2,800.

In treating infants suffering from melena proper, no nourishment must be given that has a tendency to congest, the sucking at the breast should be prohibited, the feeding should be effected with a spoon, containing either mother's or goat's milk diluted with iced barley water. The skin should be rubbed to arouse circulation, and above all the respiratory movements of the infant should be left perfectly free. The application of heat is beneficial. The French pin their faith to the use of the "couveuse," and their physi-

cians have tested this method with the most encouraging results.

The "couveuse" was first invented by Dr. Farnier, and in 1893 improved upon by Dr. Lyon, of Nice, and may be described briefly as a woven wire mattress suspended in a glass case, the latter being heated by a water coil, and kept sweet and wholesome by a constant inflow of purified filtered air. The infant, wrapped in cotton wool, is placed in this receptacle, heated at a temperature of from 35° to 37° Centigrade, and is kept there until convalescence is established. When the "couveuse" is not obtainable, Loranchet advocates enveloping the infant in warm cotton wool. Harmary strongly recommends friction with alcohol.

Opinions differ as to the effectiveness of medicine administered internally. Harmary advises perchloride of iron, Eustace Smith suggests gallic acid, extract of krameria, or oil of turpentine in mucilage. Oni, on the contrary, deprecates the internal use of medicine, on the grounds that the stomach, before everything, requires rest, and prefers subcutaneous injections of ergotine. When the anemia is severe, Lutin, Hutinel and Weiss advise injections of a weak solution of chloride of sodium; inhalations of oxygen when possible, artificial respiration and injections of ether are often of benefit. After the bleeding has been finally arrested, the infant will need careful overlooking for some time, and if syphilis has been diagnosed as the cause, mercurial treatment should be commenced without further delay.

A quiz in anatomy was held one stormy night last winter. The quizmaster, Dr. ——— was propounding some interesting questions, when the door opened admitting, amid a blast of snow and sleet, a battered specimen of humanity. Arrayed in a ragged suit that was soaking wet, a pair of shoes all broken out and a cap pulled over his eyes, the tramp presented a pitiable picture as he advanced. Removing his cap, he stood twirling it in his hand, glancing around the room timidly. The silence was broken by the Doctor asking, "What can I do for you?"

The stranger's hard-luck story was cut short by the doctor saying: "If you want a bed you can get it at the station house, one square above. This is a quiz in anatomy, and it can't be interrupted." Anatomy? The vagrant's whole expression changed. "Say! I was once a demonstrator in anatomy, though that was long ago. Then in a pleading voice: "Would you let an old man try his hand at quizzing once more?"

Out of curiosity Dr. ——— granted his request, and was soon convinced that the man was no impostor. It was the old story of brilliant prospects, strong drink, and the gutter.



## ABUSE OF STIMULANTS.\*

The medical profession and the laity have been accustomed for so many years to the abuse of alcohol as a nervous stimulant that some persons have become hardened to the miseries which it induces, while others have been stimulated to its excessive condemnation. As a result of this and of the general desire for stimulating foods or drugs, a very large number of persons have been led to place before the public other powerful nervous stimulants, of which both the medical profession and the laity know less than they know of alcohol, until at the present time there is almost as many consumers of nervous stimulants other than alcohol as there are of those who use alcohol to excess. Further than this, the number of these substitutes is daily increasing, and in many instances unprincipled venders are fortifying comparatively innocent and mild nervous stimulants, dispensed for common use, with so large a quantity of alcohol added that the patient really becomes addicted to the alcoholic habit while thinking he is simply using an innocuous drug. He thinks he is taking coca, kola, or some similar stimulant, when in reality most of the temporary changes for the better which he notices after a dose of his favorite tippie are due to the alcohol which it contains.

It has been thought by some that the rush and dash of modern life forces a large number of persons without well-balanced nervous systems to the use of stimulants to a greater extent than they were employed by our ancestors, but a careful study of this question would seem to indicate that this is untrue, and that for many hundred years the human race in some of its parts at least, has been accustomed to use and abuse nervous stimulants, for the same purpose that we use and abuse them today.

Unfortunately, many physicians, in their endeavor to relieve symptoms temporarily, and ignoring the underlying causes of the affections from which their patients suffer, are too ready to employ many of the preparations we have named, not only giving them to their patients, but using them themselves. The object of this

note is not, however, to direct attention to these preparations or to the evil effects which they produce, but rather to make clear the fact that all of them are but temporary makeshifts which in the end, in the vast majority of cases, materially increases the discomfort and the ill health of the person who takes them.

The abuse of these remedies by the profession is not so much the result of ignorance as of carelessness. There is no drug yet discovered, so far as we know, unless it be alcohol, which distinctly adds force to the body when it is taken. All of the so-called "strengthening remedies," which enable a man to accomplish more work when he is under their influence, do this not by adding units of force to his body, but by utilizing those units of force which he has already obtained and stored away as reserve force by the digestion of his food. Kola, coca, excessive quantities of coffee and tea, and similar substances, while they temporarily cause nervous work to seem lighter, only do so by adding to the units of force which a man ought to spend in his daily life those units which he should most sacredly preserve as his reserve fund. The condition of the individual who uses these remedies when tired and exhausted, with the object of accomplishing more work than his fatigued system could otherwise endure, is similar to that of a banker who, under the pressure of financial difficulties draws upon his capital and reserve funds to supplement the use of those moneys which he can properly employ in carrying on his business. The result in both instances is the same. In a greater or less time the banker or the patient, as the case may be, finds that his reserve fund has disappeared and that he is a pecuniary or nervous bankrupt.

Even the advertising boards and the fences of the cities, towns, and country now contain advertisements which mislead the ignorant into the idea that, by using the drugs named thereon, they will actually increase the development of their muscular power, when in reality the final result of such a course must be to decrease the nervous stamina which the would-be athlete so earnestly desires.

\* *Therapeutic Gazette.*

## PERISCOPE.

**Decision of New York Supreme Court against a Doctor.**—Forty-four dollars and fifty cents for medical services was sought to be collected, as upon an "account stated." The evidence for the plaintiff was: That he rendered services as a doctor for the defendant's husband in his lifetime. That, upon one of his calls, defendant's husband paid him \$1. After the husband's death, the doctor presented his bill for such services to the defendant. She paid him \$5, and offered to pay him \$20 in settlement of the bill, saying to him that he would better take \$20 or nothing. No evidence was given upon the part of the defendant. The justice rendered judgment in favor of the doctor. The defendant appealed to the Supreme Court, which reversed the judgments of the courts below, with costs and disbursements in those courts, May 26, 1897. It holds that the facts proved were not, under the circumstances, sufficient to establish an account stated between the parties. The doctor's own evidence showed that all the services rendered by him were for the defendant's husband personally. There was no pretense that the defendant ever employed him, or in any way suggested or requested that he attend her husband. There were never any dealings between the plaintiff (doctor) and defendant prior to her husband's death. Under such circumstances, the Appellate Court declares that there was no legal or equitable claim upon the defendant by the plaintiff, and that for that reason there was nothing upon which an account could be stated. Hence the reversal of judgments.—*Med. News.*

Could every layman who walks the streets of the different cities of the United States and with reckless abandon deposits his salivary secretion wherever and whenever his convenience dictates, be afforded one or more opportunities of looking at his sputa under the microscope, and at the same time be instructed as to the virulence and menace to health of the germ often seen contained therein, we are sure that the most of the aforementioned good citizens would promptly recognize the importance and necessity of a more careful regard to the proper disposal of their expectorations, thereby tending to conserve the health of their fellow-townsmen.—*Annals of Hygiene.*

A physician declares he has sometimes been able to convince persons subject to visual illusions that the fancied figures were not real by asking them to push one eyeball up a little with the finger. This makes all real objects in their neighborhood appear double, as any one can prove to himself, but it does not double the false image.—*Popular Science News.*

At the last session of the State Legislature Cincinnati was given power to issue \$6,000,000 in bonds to secure a new and purer water supply and improved waterworks. The expenditure of this money was to be placed in the hands of a commission of five members. According to the *Lancet-Clinic*, this commission, which has been recently appointed by Gov. Bushnell, is made up as follows: First, a printer, a successful politician, but with no knowledge of sanitary science; second, a steamboat captain, who has similar qualifications for the position to those of the first member; third, a distiller, of whom it may be written "ditto;" fourth, a newspaper publisher, an excellent man, but a cripple, who has thus far never posed as an exponent of sanitary science; fifthly, and worst, a notorious quack doctor, whose appointment is a direct insult to the medical profession. It is a pity that Gov. Bushnell, in appointing a body of men into whose hands is absolutely cast the health of a great city, should not feel the necessity to appoint men who knew something of the highly important subject involved.—*Gloucester Journal of Medicine.*

**Abdominal Exploration** by the direct route is preferable to the vaginal route in cases of neoplasms or obscure enlargements which are situated in the abdominal cavity, or have risen above the pelvic brim, especially if they are more or less adherent; in ascites of doubtful origin, more particularly when tuberculosis or malignant disease is suspected; in disease of adnexa in which the latter are situated near or above the pelvic brim as established by bimanual palpation; where history and symptoms point to general intestinal adhesions, and, above all, when appendical complications are suspected; in ectopic gestation before rupture, when the sac is high up, at the side or in front of the uterus, instead of in Douglas' pouch; where there is intractable pelvic and abdominal pain of obscure origin, including the so-called neuroses.—*COE, in New York Polyclinic.*

**Fatty Matters found in Tombs of Abydos** consisted chiefly of palmitic and stearic acids, and was doubtless the tallow of beef or of mutton. It is interesting to find that the fatty acids, such as the stearic and palmitic acid, and even the glycerides of these acids, have been capable of preservation for thousands of years. Among the substances found in small vases was pulverized lead sulphide mixed with a quantity of fatted matter; evidently an ancient Egyptian cosmetic used as antimony sulphide is still employed in the East.—*FRIEDEL.—Med. Age.*

Like animals, all plants require intervals of repose, during which the vital functions are slowed down, and the organic structures undergo repair. Some plants repose during the rainy season, others during periods of drought, but while some plants sleep during the cold, or the comparatively cold season of the year, others again take their rest when the average temperature is high. It occurred to a Norwegian observer to investigate the sleep of plants more particularly with the object of shortening the period of repose, and this he claims to have attained by subjecting the bulbs or buds to the action of chloroform vapor. He asserts, indeed, that plants thus treated subsequently develop more rapidly than those whose repose has not been intensified by the narcotic action of this drug, and the observation is not without considerable interest. If his observations are trustworthy it follows that sleep in plants is not strictly comparable to that of animal life, for we do not suppose that the period allotted to sleep by animals could advantageously be shortened by the administration of an anesthetic. Sleep, on the other hand, is a relative rather than an absolute condition. Its value as a restorative depends in a very marked degree on its intensity, and certain individuals derive more benefit and recuperate their jaded energies more effectually in five or six hours than others do after twice as long. This recuperative energy is asserted to be an indication of a high standard of vitality, and common observation certainly lends color to the view that diminished recuperative power is indicative of physiological deterioration. The more promptly and the more effectually the organism recovers from the wear and tear of active existence the better chance must it stand in the struggle for existence, but in establishing a comparison of this kind other things must be equal, and we know well enough that the intellectual exertion is less rapidly recovered from than mere physical exercise, consequently the man of letters requires, though he does not always get, more sleep than the agricultural laborer.—*Med. Press.*

**An Old Custom.**—It was formerly the practice among physicians to use a cane with a hollow head, the top of which was gold, pierced with holes like a pepper-box. The top contained a quantity of aromatic powder, or of snuff, and on entering a house or room where infectious disease prevailed, the doctor would strike his cane on the floor to agitate the powder and then apply it to his nose. Hence all the old prints of physicians represent them with canes to their noses.—*Exchange.*

**The "Jag Cure."**—A noted London chemist has analyzed Keeley's bichloride cure with the following result: Water, 31.61 per cent.; sugar, 6 per cent.; a trace of mineral salts, principally lime, and 27.55 per cent. of strong alcohol.—*Nature.*

If Dr. Chas. Douglas has his way there will be but little use for the intubation tube in the future. He proposes to substitute for this a catheter which is passed in the larynx and rapidly moved up and down so as to lessen the membrane. He calls this the catherization or swabbing of the larynx. His argument in favor of this is that since the introduction of the antitoxin treatment the disease is so speedily controlled that if only the immediate danger can be removed it is about all that is required. In other words, if the membrane already formed can be removed, the antitoxin will get in its work before there will be a reformation of the membrane. The advantages of this simple procedure are that any physician can perform it, which is not the case with intubation or tracheotomy; the instruments cost but a few cents; the patient requires no after attention, there is no difficulty in feeding, and the parents are relieved from the horrors which accompany the other operations. It should be added, however, in justice to the author, that he does not believe that this will entirely supersede the older methods, but it does indeed appear to be such a simple operation that it should always first be given a trial.—*Practical Medicine.*

**Medieval Dentistry.**—A recent case in which a plaintiff obtained damages from a firm of dentists deserves some attention from those responsible for the well ordering of the dental profession. From the evidence it appeared that the member of the firm who attended plaintiff was not a registered dentist. He practiced as a barber, as well as a dentist, and in the pursuit of the latter avocation destroyed the nerve of plaintiff's tooth with a red hot iron. That proceeding was characterized by an expert witness, a Fellow of the Dental Society, as perhaps admissible 150 years ago. We fail to see why the stringent rules that apply to medical practitioners, as regards working with unqualified men, should not be enforced in the case of the dental profession. Here we find a qualified dentist actually in partnership with an unqualified man. There is no apparent surface reason why the holder of a dentist diploma should be allowed to employ unqualified assistants, at any rate, so far as concerns operative work.—*Med. Press.*

**Saliva Possesses Bacteria-Killing Properties,** and one of its roles is weakening the virulence of pathogenic microbes. The chemical properties of the saliva and the soluble products of the microbes contained therein excite an intense diapedesis, which is carried on in the mouth, and which attains its maximum at the surface of wounds. Also the mucus of the buccal cavity, when there is a spsension of the secretion of saliva, possesses bactericidal properties. Again saliva induces incessant epithelial desquamation, and vital concurrence eliminating the bacteria not acclimated.—*American Medico Surgical Bulletin.*



**A Case of Extirpation of the Palpebral Lachrymal Gland in a lady,** aged 46, suffering from intense lachrymations, where an easy passage of No. 4 and 5 sounds produced no improvement, is reported by M. Terson. Bilateral ablation of the palpebral lachrymal gland completely cured it, and the cure was permanently maintained. On the other hand, he cites a case of traumatic obliteration of the lachrymal passages where extirpation of the gland did not completely cure the lachrymation and he refers to another case published in his thesis, where extirpation of the orbital and palpebral gland did not cure the lachrymation where there was total obliteration of the sac. Terson considers the first case typical of hypersecretory lachrymation, and the other two as types of hyposecretory, where the operation would invariably prove insufficient, although excellent in its results in hypersecretory cases. These facts demonstrate in every case: First, that obliteration of the sac without catarrh may leave a persistent lachrymation more troublesome than is generally believed. Secondly, that cases exist of pure hypersecretory lachrymation, essentially curable by ablation of the lachrymal palpebral gland. Thirdly, that ablation, even of the two glands, is insufficient to relieve hypo-excretory lachrymation.—*Med. Press.*

Now that direct calf-lymph vaccination is generally advocated, and it is admitted that inoculation from this source is commonly followed by more severe local and general inflammation than arm-to-arm vaccination, it may be well that a means of cutting short the inflammation should be known to every practitioner. This is the more important since the organization of the anti-vaccinationists is ever on the alert to make capital and sensation out of any case not following a regular course. Should, then, the vaccination pustules on the twelfth or fourteenth day tend to become confluent, while the inflammatory areola tends to spread beyond the usual limits, the glands in the axilla to enlarge, and the arm, perhaps, to become edematous, the author suggests that the area of the pustules should be powdered over with iodoform, and a sterilized dry pad be applied to keep the powder in position and the pustules from friction. In this way the process is completely checked in twenty-four hours. The pustules dry into a cake, the redness subsides, the glands decrease, and the oedema of the arm rapidly disappears. This is in every way preferable to hot fomentations or antiseptic moist applications, which, apart from the difficulty of applying them to an infant, involve the healing of open wounds.—*British Med. Jour.*

**The Whole Truth.**—The "end and aim of medical charity is to make consulting physicians and surgeons, and it is for this purpose nowadays that all hospitals, great and small, special and general, exist."—CAMPBELL BLACK.—*Med. Age.*

**A report upon Ophthalmia in Prussia,** by Prof. Hirschberg, the well-known ophthalmologist, has been recently published in Berlin. He has traveled through Prussia proper, and deals with the subject not only from the statistic, but also from the historic point of view. With the assistance of two colleagues he examined about seven thousand cases, and found that about twenty to twenty-seven per cent. of the scholars were affected in village schools, ten to fifteen per cent. in those of towns, and about five per cent. of boys in the high schools. These figures compare very unfavorably with the results obtained by a similar investigation in England. The Germans have done well to follow the example of Great Britain in this important matter. Curiously enough Dr. Hirschberg states that the disease occurs only sporadically in Berlin itself.—*Med. Press.*

**Poisoning by Inhalation of Nitric Acid Fumes**—At a chemical factory in Germany recently a fire was raised by the bursting of a carboy of nitric acid and the whole factory became involved. The fumes driven by a high wind overcame the firemen, who had to retire after a few minutes' work, suffering from dyspnea and nausea, but were unable to resume work until the fire was extinguished. Nevertheless, after their return home several hours afterwards, fifteen of them became so ill that they had to go to hospitals, and two of them died. The symptoms were those of deficient aeration of the blood, with ultimate clonic convulsions. One similar occurrence took place not long ago at a chemical factory near Berlin, and these occasions afford the only instances of poisoning by inhalation of chemical fumes.—*Med. Press.*

Dr. Henry Ling Taylor, in a paper on "Infantile Athletics" called attention to the proportionately greater effect of exercise in children than in adolescents or adults, and pointed out their value. But during the second year, he said, the child should be guarded against too much exercise, and should be made to take a nap every day. Dr. Gailbraith had already referred to the strain to which the infant was subjected learning to walk, and had pointed out the significant fact that it was just at this time that anterior poliomyelitis was most apt to appear. Dr. Taylor advised that infants should go barefoot until the time for walking arrived, as in this way the circulation was better maintained, and the development of the foot unimpeded. Neither man or child could attain the best development in a sultry atmosphere, and hence the child should be allowed to tumble around while freely exposed to the air. This "air bath" should be taken twice a day. While free exercise was desirable, evil frequently resulted from forcing children to sit up at too early an age, or coaxing them to walk too soon.—*Annals of Hygiene.*

H. Kruger, writing upon the action of **Arsenite of Copper in the Acute Infections Gastro-Intestinal Oatarrhs of Infants**, reports in the *Practitioner* a number of cases in which the preparation had a wonderful effect. In a child nine months old, suffering from diarrhea and vomiting, with an emaciated body and a senile face, cold skin and dull eyes, the least nourishment was either vomited or passed undigested through the intestinal tract. A 0.001 : 100 solution of arsenite of copper was given in teaspoonful dose every ten or fifteen minutes. Besides this a teaspoonful of iced milk was given every half hour. The child improved wonderfully, and on the following day had recovered from the most dangerous symptoms; the vomiting had at once ceased, and the diarrhea was checked soon after. The favorable action of the copper in this case induced him to try still further, and he later prescribed it in powder form in sugar of milk, ordering 1-500 of a grain every hour. Of the many cases treated by him he reports three, in which the action was marvelous, and two cases which died from extreme exhaustion, although the arsenite of copper benefited both vomiting and diarrhea. The action of the remedy is undoubtedly that of a bactericide, as is shown by the rapid improvement in the general condition and the prompt care of the acute gastro-enteritis. In more chronic cases the results were not quite so satisfactory. The bactericidal powder of the drug must be enormous, for in most cases 1-60 of a grain in twenty-four hours was sufficient to relieve the dangerous symptoms, and rarely was it necessary to give more than twice this amount and never more than three times during the course of the disease.

**Production of Light by Living Creatures**—Dubois confirms authoritatively his recent announcement that the light produced by the pholas dactylus is caused by the combination of an enzyme insoluble in alcohol, soluble in water and destroyed by heat (luciferase), with a substance soluble in alcohol (luciferin). Both of these substances are found associated in the walls of the respiratory passages of the pholas, and can be extracted from the tissues by alcohol and water in turn. By combining the alcohol solution of luciferin and the aqueous solution of luciferase with plenty of oxygen the light is produced.—*Cbl. f. Phys., Journal A. M. A.*

**Excision of an Extensive Lupus with Skin Grafting.** Matagne describes in the *Gazette Med. de Liege* his operation to relieve a girl of 16 of a lupus, 12 by 9 centimeters on the arm, which had developed fourteen years before, after vaccination with vaccine from another person. He tested the patient with tuberculin before attempting to operate, and completed the excision with transplantation of skin from the thigh. Five years have passed since without a relapse and the patient seems absolutely cured.—*Journal A. M. A.*

**The Nervous Origin of Psoriasis** has long been a subject of discussion among dermatologists, and this hypothesis seems now to have established itself. Dr. Bouffé confirms it by a series of observations, which appear to show that this very refractory form of skin disease is amenable to injections of orchitine. He claims that all cases of psoriasis, *without exception*, yield to a three months' course of this treatment, and in cases of syphilis, complicated by psoriasis, he strongly recommends that the latter should first be eliminated by the orchitin treatment, in order to clear the ground for a rational treatment of the strictly syphilitic manifestations. He himself begins the treatment in these complicated cases by a course of orchitin injections, followed by the injections of mercurial salts, the course being completed by the administration of potassium iodide. He adds that he has never observed a recurrence in any of his patients—at any rate, in those who had gone through the prescribed treatment.—*Med. Press.*

The following **Effects of Age Upon the Eyes** have been noted: The cornea takes the form of a border ring of whitish tissue, the cause being the fatty degeneration of the surrounding parts of the cornea. The strength of sight decreases with age, until it becomes difficult to distinguish small objects placed close to the eyes. This, however, may be in a great measure remedied by the use of suitable spectacles. Cataract, although frequently accompanying old age, is by no means a necessary consequence of it. In youth the lens is perfectly transparent and colorless. After the thirtieth year it begins to acquire a pale yellow tint, and as age advances this becomes more pronounced, until it is finally transformed into a deep amber. These changes in the normal transparency coincide with a failing in nutrition, but their progress is not accompanied by loss of sight. When a total loss of nutrition ensues, however, the lens becomes quite opaque, and the operation for removal, which has been brought to such perfection in late years, becomes necessary.—*The Optical Journal.*

Mr. Street and Damar Harrison (*Lancet*) related a case of successful brain localization and operation for idiopathic insanity. The patient was a man who for two years had hallucinations of hearing, without any previous head injury. He became depressed, was unable to sleep, and took to drink. The voices were those of friends far away, and they goaded him to destroy himself in order to avoid disgrace. He had constant headache on the left side. He took six grains of opium daily without procuring sleep. He had attempted to cut his throat. Mr. Damar Harrison trephined, making a large opening over the centre for hearing, and opened a serous cyst. The result was entire recovery, and the man is now at work.

The German Government has thought it necessary to satisfy the uneasiness of those who fear that consumption may be communicated by vaccination, and for that purpose remitted the subject to the State Medical Department for Investigation. The report of that department has recently been issued, and it points out that, as tuberculosis is an extremely common disease, it will be found frequently in vaccinated subjects, but, the report says, not more frequently than in the unvaccinated. It argues that if tuberculosis were communicated by vaccination, the mortality from it would have increased with the introduction of compulsory vaccination, but the fact is the reverse, as shown by the Army returns, which show a relative decrease in tuberculosis after the initiation of compulsory vaccination.—*Med. Press.*

**Three Laparotomies on One Patient for Sarcoma of the Adnexa** are described in the *Liecknickel's* *viestnik*. Five years after a septic adnexitis consecutive to a criminal abortion, a malignant sarcoma developed in a pyosalpinx; extirpation. One year later the sarcoma grew again in the adnext and abdominal wound; extirpation, with slight injury to the intestine. Again the sarcoma developed in the intestinal wound, but extirpation this time was soon followed by the death of the patient. The necropsy showed fatty degeneration of the internal organs. There had been no metastasis of the malignant growth, which had been thus successfully fought for nine years.—*Journal A. M. A.*

Hansen, of Copenhagen, reports the case of delivery three years after symphysectomy in a case of IV-para. The patient had a contracted pelvis, with a conjugate of three and a quarter inches, and was delivered at her first confinement after great difficulty of a dead fetus, which had presented transversely. The second delivery was completed by symphysectomy, the fetus presenting by the vertex, but not engaging at the pelvic brim. Two years later she aborted at the third month, and a year after she presented herself to Hansen in an advanced stage of pregnancy. The general condition was good and locomotion normal, and she continued to perform her daily work. Upon examination it was found that the pubic bones were separated sufficiently to admit the tip of the little finger between them, and that there was a marked motion between them in walking. Three weeks later she fell into labor. The fetus presented transversely and soon became impacted in the pelvis, but labor was easily terminated by version. After delivery the pubic bones were found to be separated more than one and a half inches. A firm pelvic bandage was applied. Five weeks later the woman was able to walk a quarter of a mile without discomfort. At the time the case was reported the bones were separated about one-half inch.—*Pacific Med. Jour.*

According to the *Lancet* Dr. Colleville, of the Rheims Faculty of Medicine, treats ulcers of the leg by exposing them to heat. The flame of a Bunsen burner is made to impinge on a square plate of metal that will stand heating, so as to bring it to a dull red heat, and the ulcer is exposed to the action of the heat at a distance of about ten inches, the rest of the limb being protected by bandages. The temperature at the ulcer is about 113 degrees F., which is easily borne, and the flame is so regulated as to maintain this temperature during the whole exposure, from twenty minutes to an hour. The surface is then found to be glazed over and large granulations are to be seen through the semi-transparent coating. It is thought best to leave the ulcer exposed to the air for some time, and when it is dressed care should be taken that its surface is not touched by the aseptic gauze or other material used. It is said that some improvement is generally experienced by the patient even after the first sitting, and cicatrization is completed in from five to twenty-five applications. In the later sittings, when the ulcer is nearly healed, a more moderate heat may be employed. If gas is not available, the heat of a sun or of a fire may be used. Dr. Colleville attributes the beneficial effect to the combined action of heat, light and ventilation.

Half the freshman class in the Yale Medical school has been dropped and there is loud lamentation. The faculty is trying to elevate the standard of the school and to guard the public against poor doctors. Accordingly they notified half a dozen members of the class that they need not bother to try the annual examinations. They dropped eighteen more men in the examinations and conditioned seven more. Only sixteen passed. Reductions in the other classes of the school were made, but none so extensive as with the freshmen.—*Western Medical Journal.*

Hanstee (Archiv. für Dermatologie und Syphilis) reports three cases of suppurating inguinal glands accompanying gonorrhea in which a bacteriologic examination of the pus showed the presence of gonococci in it. In one case, in which the abscess was opened with a bistoury, sowing the pus gave rise to a pure culture of typical gonococci which, on being placed in the urethra of a healthy man, set up a characteristic gonorrhea. In the two other cases, in which the abscesses opened spontaneously, examination of the pus from the fistulous tract showed the presence of gonococci and streptococci. An attempt to cultivate the cocci on Wertheim's medium, made in one of these cases, failed.—*N. Y. Med. Jour.*

Dr. William M. Polk is said to secure the largest annual income from practice in the city of New York—about \$100,000 a year. He is a native of Tennessee, and a son of the lamented Bishop Polk.—*Virginia Med. Semi-Monthly.*



**Acetonuria is now considered as a sign of death of the fetus.** Knapp (*Centralblatt für Gynäkologie Annales des maladies des organes genito-urinaires*), has found more or less pronounced acetonuria in pregnant and parturient women whose gestation has subsequently ended in the birth of a dead child. In half the cases, the women were syphilitic, but, if the fetus survived, the mother's urine contained no acetone; hence Knapp thinks that acetonuria in a pregnant woman is a sure sign of the death of the fetus.—*N. Y. Med. Jour.*

Practically 75 per cent. of all cases of general paralysis exhibit proof of **primarily syphilitic infection.** The history of all cases is the "typical man of the world"—ambitious, fond of society and high living, a light sleeper and a heavy drinker; then come delusions and well-marked paresis. Four cases were noted where syphilitic teeth were prominent, although no history of syphilis could be obtained. Each one had used spirits freely. The pathologic conditions in chronic inebriety, syphilis and paresis are alike. The thickened membranes and meningeal changes are the same. The neurosis which predisposes to insanity, paresis or inebriety may be of syphilitic origin. A history of using alcohol exists in all cases of paresis, and it is significant of contributing causes not yet studied.—*Am. Med. Surg. Bull.*

**Amputation Middle Thigh** for compound comminuted fracture middle third of right leg.—Case, aged 28 years, white. Called to see the case June 10, 1896. The fracture had occurred on Nov. 4, 1894. Union could not be secured; a small specula of bone being thrown off now and then. A bone ring from the tibia of a bullock was applied with most excellent results, so far as holding the ends of the bone in close juxtaposition. Although much bony tissue was formed about the ends of each fragment, failure to become united seemed absolute. Amputation at the knee-joint was decided upon and attempted on the day of my visit. Upon opening the joint the condition of both the bony and soft tissues was such as to cause an attempt to sacrifice but the condyles. This, too, proved fruitless, so that it was necessary to amputate at the middle third. Recovery was rapid, with a most satisfactory stump for such a locality.—*Col. Med. Jour.*

#### NEWS AND MISCELLANY.

Expressed in time units, the distance between **Cape May, N. J., and Philadelphia, is 100 Minutes**—measured by the "Century Flyer" over the route of the South Jersey Railroad.

This, and like marked reductions in time to other points, in connection with the superior modern equipment, splendid service, and capable management attained by the railroad, easily accounts for recent great increase of travel to the health resorts along the southern coast of New Jersey.

At the recent meeting of the American Dermatological Association Dr. Corlett, of Cleveland, recorded an interesting case of possible **exception to Colles's law**, although, unfortunately, not complete and conclusive. He urges that we may look for an occasional exception to this law, which need not necessarily impair its general value as a clinical fact. A woman applied to the Charity Hospital on account of an extensive eruption on her infant. It was discovered that there was also a suspicious looking lesion on her own breast. The child was two months old, with a dark reddish macular eruption over the entire body, including the palms and soles, over the buttocks extensive excoriations were present and the infant had snuffles and mucous patches, and was small and shrivelled in appearance. The child had apparently been born at full term and was healthy for three weeks after birth. There seemed to be no doubt that the child was syphilitic. The mother was anaemic and complained of aching in the bones of her legs. There was a sore on the left breast about two inches from the nipple, which had appeared about two weeks after the child's mouth became sore. This sore was a superficial ulcer about the size of a split pea, indurated and with a slight serous discharge. The axillary glands were enlarged, freely movable and painless. The post-cervical lymphatic glands were also enlarged, and there was slight redness of the mouth. The skin was free from other scars or eruptions, but the sore looked extremely like a primary sore, and there seemed to be a presumption that the infection was from the child. The history of the mother was that she had enjoyed good health and had borne to her first husband two healthy children still living. She had never miscarried. She had been married a second time a year before she came under observation, her second husband having been a widower for three years and having had by his first wife four healthy children. According to his wife's statement he had been under treatment for some disease recently, but he was said to appear well, often, however, taking medicine for a "cold." An effort was made to see the husband, but it was unsuccessful, and the mother and child also disappeared, so that the case is incomplete. But the evidence, such as it is, seems at least to suggest that the cases may illustrate, as some hold, that Colles's law is by no means one without exceptions.

Knapp has shown that the **death of the fetus** is accompanied by the appearance of acetone in the urine of the mother. This may easily be demonstrated, according to *La Presse Méd.*, by the fuchsin test of Chautard. A solution of fuchsin, 1 to 2,000, is decolorized by sulfuric acid. To make the test, half an ounce of urine is poured into a test tube, and a few drops of the fuchsin solution added. If acetone is present, the color of the urine becomes violet, the depth of color depending on the quantity of acetone. This simple test is within the reach of every practitioner.—*Med. News.*